

CASE NO. 07 C 7100
~~07 CV 7110~~

ATTACHMENT NO. _____

EXHIBIT Exhibit B

TAB (DESCRIPTION) Exhibit B

EXHIBIT B

Medical Records



RETURN TO WORK/SCHOOL VERIFICATION

Patient's Name Cynthia Benson Date 8/28/2001
 MRN 169047 Center 516

TO WHOM IT MAY CONCERN

The above-named person:

- ☒ Has received treatment at this office on the following dates: 8/27/2001
☐ Has been hospitalized on the following dates:
☒ Has been ill and unable to work from 8/26/2001 thru 8-27-2001
☐ States he/she has been ill and unable to return to work from _____ thru _____
☐ Has been given telephone advice on: (date) _____
☒ May resume work on 8-30-2001
☐ May resume restricted work as follows: _____
☐ May resume school on: _____ Physical Education: ☐ may take ☐ may not take
☐ limited _____
☐ Return appointment on: _____

Signature of M.D. A. A. CoPrint Physician's Name J. Dean

I hereby authorize Advocate Health Care Plan to furnish the following diagnosis to: _____

To: _____

SIGNATURE OF PATIENT OR RESPONSIBLE PERSON *

RELATIONSHIP TO PATIENT

PLEASE NOTE: Verification of above information will be given to employers and/or school officials upon their request.
 0916792 * Signature is preferred at all times, but is required if diagnosis is transmitted.



RETURN TO WORK/SCHOOL VERIFICATION

Patient's Name Benson, Cynthia
MRN 169097

Date 9/4/01
Center S.F.

TO WHOM IT MAY CONCERN

The above-named person:

- ☒ Has received treatment at this office on the following dates: 9/4/01
- ☒ Has been hospitalized on the following dates: _____
- ☐ Has been ill and unable to work from 8/30/01 thru 8/31/01
- ☐ States he/she has been ill and unable to return to work from _____ thru _____
- ☒ Has been given telephone advice on: (date) 9/6/01
- ☐ May resume work on _____
- ☐ May resume restricted work as follows: _____
- ☐ May resume school on: _____
- ☐ Return appointment on: _____
- Physical Education: ☐ may take ☐ may not take
☐ limited

Signature of M.D. [Signature]

Print Physician's Name Martinez

I hereby authorize Advocate Health Care Plan to furnish the following diagnosis to: _____

To: _____

SIGNATURE OF PATIENT OR RESPONSIBLE PERSON *

RELATIONSHIP TO PATIENT

PLEASE NOTE: Verification of above information will be given to employers and/or school officials upon their request.
0918792 * Signature is preferred at all times, but is required if diagnosis is transmitted.

Official Supervisor's Report of Occupational Disease: Please complete **INJURY COMPENSATION UNIT 318-54-5758**19. Agency name and address of reporting office (include city, state, ZIP Code)
MATTESON POST OFFICE **60443-9928** **60443**
20650 S. Cicero Ave **PEDFORD PARK IL 60499-9448** **60499**20. Employee's duty station (Street address and ZIP Code)
MATTESON POST OFFICE, 20650 S. Cicero, MATTESON 60443 **60443**21. Regular work hours: From **05:00** a.m. To **11:00** a.m. 22. Regular work schedule: ☐ Sun. ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat.
PTF - Varies23. Name and address of physician first providing medical care (include city, state, ZIP code)
DR. MARTINEZ, Maria24. First date medical care received: **01/02/02**25. Do medical reports show employee is disabled for work? ☒ Yes ☐ No26. Date employee first reported condition to supervisor: **01/02/02** 27. Date and hour employee stopped work: **01/02/02** Time: **6:00** a.m. ☐ p.m.28. Date and hour employee's pay stopped: **did not** Time: ☐ a.m. ☐ p.m. 29. Date employee was last exposed to conditions alleged to have caused disease or illness: **1/8/02**30. Date returned to work: **1/8/02** Time: ☐ a.m. ☐ p.m.

31. If employee has returned to work and work assignment has changed, describe new duties

32. Employee's Retirement Coverage ☐ CSRS ☒ FERS ☐ Other (Specify)33. Was injury caused by third party? ☐ Yes ☒ No
34. Name and address of third party (include city, state, and ZIP Code)
NO

35. A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect to this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exceptions:

MARC SAMMONS
Name of Supervisor (Type or print)

Signature of Supervisor

Supervisor's Title

Date: **1-8-02**
Office phone:**SUPERVISOR, CUSTOMER SERVICE (708) 748-P630**Form OAS
Rev. Jan. 1997

Duty Status Report

U.S. Department of Labor

Employment Standards Administration
Office of Workers' Compensation Programs

This form is provided for the purpose of obtaining a duty status report for the employee named below. This request does not constitute authorization for payment of medical expenses by the Department of Labor, nor does it invalidate any previous authorization issued in this case. This request for information is authorized by law (5 USC 552(a)(3)). Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 and the OMB Cir. A-108.

OMB No. 1215-0103
Expires: 8-30-01

Instructions for Completing and Submitting this Form

Supervisor: Complete Part A and refer the form to the attending physician for completion of Part B.

Attending Physician: Complete Part B. To prevent interruption of the employee's pay, the completed form should be returned to the employing agency (as shown in item 12) within two days following examination and/or treatment. A copy of the form should also be sent to the OWCP (as shown in item 11).

Part A - Supervisor

1. Name and Address of Medical Facility Providing Medical Services:

2. OWCP File Number (if known)

3. Employee's Name (Last, first, middle)

BENSON CYNTHIA D.

4. Date of Injury (Month, day, yr.)

5. Social Security No.

318-54-5758

6. Occupation

U.S. POSTAL SERVICE DISTRIBUTION CLERK

7. Describe How the Injury Occurred and State Parts of the Body Affected.

8. Specify the Usual Work Requirements of the Employee. Check Whether Employee Performs These Tasks or is Exposed Continuously or Intermittently, and Give Number of Hours.

Activity	Continuous	Intermittent		Activity/Exposure	Continuous	Intermittent	
a. Lifting/Carrying: Sedentary 0-10 lbs.	X		6 Hrs Per Day	p. Fine Manipulation	X		6 Hrs Per Day
b. Lifting/Carrying: Light 10-20 lbs.		X	6 Hrs Per Day	q. Reaching above Shoulder	X		6 Hrs Per Day
c. Lifting/Carrying: Moderate 20-50 lbs.		X	6 Hrs Per Day	r. Heat	N/A	N/A	degrees F
d. Lifting/Carrying: Heavy 50-100 lbs.	N/A	N/A	Hrs Per Day	s. Cold	N/A	N/A	degrees F
e. Biting		X	6 Hrs Per Day	t. Excess Humidity	N/A	N/A	Hrs Per Day
f. Standing		X	6 Hrs Per Day	u. Chemicals, Solvents, etc. (Identify)	N/A	N/A	Hrs Per Day
g. Walking		X	6 Hrs Per Day	v. Fumes (Identify)	N/A	N/A	Hrs Per Day
h. Climbing Stairs	N/A	N/A	Hrs Per Day	w. Dust (Identify)	N/A	N/A	Hrs Per Day
i. Climbing Ladders	N/A	N/A	Hrs Per Day	x. Noise (Give dBA)	N/A	N/A	dBA Hrs Per Day
j. Kneeling		X	6 Hrs Per Day	y. Other (Describe)			Hrs Per Day
k. Bending		X	6 Hrs Per Day	9. Does the Job Require Driving a Vehicle <input type="checkbox"/> Yes (Specify) <input checked="" type="checkbox"/> No Operating Machinery? <input type="checkbox"/> Yes (Specify) <input checked="" type="checkbox"/> No			
l. Stooping		X	6 Hrs Per Day				
m. Twisting		X	Hrs Per Day	10. The Employee Works 6 Hours Per Day 6 Days Per Week			
n. Pulling/Pushing		X	Hrs Per Day				
o. Simple Grasping	X		6 Hrs Per Day				

11. Send A Copy of This Report To:

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

12. Send the Original Report to (Name and Address of Employing Agency):

MATTISON POST OFFICE
20650 S. CICERO AVE
MATTISON IL 60443-9998

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 8 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing burden, to the Office of Information Management, Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

Part 5 - Physician

13a. Does the History of Injury Given to You by the Employee Correspond to That Shown in Item 7?

☐ Yes ☐ No (If not, describe)

It has 15 yr history of repetitive motion presented 8/01 with wrist pain

13b. Description of Clinical Findings

Carpal Tunnel Syndrome
→ (+) Tenderness over Median Nerve

13c. Diagnosis of Condition Due to Injury

Carpal Tunnel Syndrome

13d. Diagnosis of Other Disabling Conditions

low back pain

14. Is Employee Able to Perform His/Her Regular Work (Describe on the Front of This Form)?

☐ Yes, If So.☐ Full-Time or☐ Part-Time

Hours Per Day

☐ No, If not, complete Item 15 below.

15. Complete the Following, If The Answer To Item 14 is "No".

Activity	Continuous	Intermittent	Activity/Exposure	Continuous	Intermittent
a. Lifting/Carrying: Sedentary 0-10 lbs.	X				
b. Lifting/Carrying: Light 10-20 lbs.		X			
c. Lifting/Carrying: Moderate 20-50 lbs.		X			
d. Lifting/Carrying: Heavy 50-100 lbs.					
e. Sitting		X			
f. Standing		X			
g. Walking		X			
h. Climbing Stairs					
i. Climbing Ladders					
j. Kneeling					
k. Bending					
l. Steeping					
m. Twisting					
n. Pulling/Pushing					
o. Simple Grasping		X			
p. Fine Manipulation		X			
q. Reaching above Shoulder					
r. Heat					
s. Cold					
t. Excess Humidity					
u. Chemicals, Solvents etc. (Identify)					
v. Fumes (Identify)					
w. Dust (Identify)					
x. Noise (Give dBA)					
y. Are Interpersonal Relations Affected Because of A Neuropsychiatric Condition? (e.g. Ability to Give or Take Supervision, Meet Deadlines, etc.)					

☒ No ☐ Yes (Describe)

16. Describe Any Other Function of This Employee's Regular Work Which is Medically Restricted By The Injury

No repetitive hand motion

17. Period of Disability (If termination date is unknown, so state)

Total Disability From
Partial Disability From

1/20/01 To unknown

18. If Employee is Able to Resume Work, Has He/She Been Advised?

☐ Yes ☐ No

If Yes, Give Date of Advice

19. Date of Examination

1/14/02

20. Date of Next Appointment, If Scheduled

I certify that all statements made above are true. I understand that any knowingly false or misleading statement, or misrepresentation of material fact may subject me to felony criminal prosecution. I further understand that this request does not constitute authorization for payment of medical expenses by the Department of Labor, nor does it invalidate any previous authorization issued in this case.

21. Typed or Printed Name and Address of Physician

22. Specialty

Internal Medicine

23. Tax Identification Number

AHC

24. Physician's Signature

[Signature]

25. Date

1/14/02

Southeast
2301 East 93rd Street
2nd & 3rd Floors
Chicago, Illinois 60617
Telephone 773.731.9898
Facsimile 773.731.1750



January 29, 2002

RE: Cynthia Benson
Date of Birth

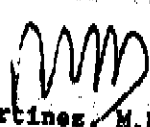
TO WHOM IT MAY CONCERN:

Ms. Cynthia Benson is a member of Advocate Southeast Health Center and under my care. Patient's most recent office visit was on Monday, January 14, 2002.

Ms. Benson is a 37 year old female with history of repetitive hand motion and presented wrist pain on August 2001. Ms. Benson has been diagnosed with Carpal Tunnel Syndrome and Low Back Syndrome. She is under going Physical Therapy. Ms Benson is unable to work from January 3, 2002 thru pending. After completing Physical Therapy, patient is to return for a follow up visit to determine if Ms. Benson is able to return to work. Repetitive motion from her job.

If any further questions, please contact me at the address above.

Sincerely,


Maria Martinez, M.D.
Internal Medicine

Southeast
2301 East 93rd Street
2nd & 3rd Floors
Chicago, Illinois 60617
Telephone 773.731.9898
Facsimile 773.731.1750



February 11, 2002

RE: Cynthia Benson
Date of Birth 09/30/64

TO WHOM IT MAY CONCERN:

Ms. Cynthia Benson is a member of Advocate Southeast Health Center and under my care. Patient's most recent office visit was on Monday, January 14, 2002.

Ms. Benson is a 37 year old female with history of repetitive hand motion and presented wrist pain on August 2001. Ms. Benson has been diagnosed with Carpal Tunnel Syndrome and Low Back Syndrome. Result from repetitive motion from her job. She is under going Physical Therapy. Ms. Benson is unable to work from January 3, 2002 thru February 8, 2002. After completing Physical Therapy, patient is to return to lighter duty e.g. window service less than five hours and with weight limit of 20 pounds.

If any further questions, please contact me at the address above.

Sincerely,

Maria Martinez, M.D.
Internal Medicine



RETURN TO WORK/SCHOOL VERIFICATION

Patient's Name Benson, Cynthia Date 2/14/08
 Parent/Guardian 169047 Center S.E.
 MRN 169047

TO WHOM IT MAY CONCERN

The above-named person:

- ☐ Has received treatment at this office on the following dates: _____
- ☐ Has been hospitalized on the following dates: _____
- ☐ Has been ill or injured and unable to work from _____ thru _____
- ☐ States he/she has been ill and unable to return to work from _____ thru _____
- ☐ Has been given telephone advice on: (date) _____
- ☐ May resume work on _____
- ☒ May resume restricted work as follows: To fulfill duty requirements for
My resume school of nursing, then physical education. I may take
and with a lot of aches, she can not
Return appointment on: Sort mail
- ☐ Limited ☐ may not take

Signature of M.D. Dr. J. J. J. J. J.
 Print Physician's Name _____

Medical information is confidential and cannot be disclosed without the written consent of the patient or his or her representative.

0010702

05/22/2007 11:08 FAX

2002/020

Patient Name: Cynthia Benson Account Number: 36631
 Patient Birthdate: 09/30/64

1

Gerald P. Loftus, MD
 John D. Sonnenberg, MD
 D. Dirk Nelson, MD
 Michael G. Maday, MD
 Stephen V. Ferns, DPM
 Michael C. Moran, MD
 William A. Heller, MD
 Jay M. Brooker, MD

Patient Name: Cynthia Benson Account Number: 36631
 Patient Birthdate: 09/30/64
 Advocate Medical Record Number:
 Primary Doctor:

JUNE 12, 2002

This is a pleasant female who comes to us complaining of pain in both of her hands. This is apparently a work-related injury. She works for the US Postal Service as a postal clerk. She finds that when she was throwing mail and casing mail she had significant difficulty with pain in her hands. She was placed in a different position, and the pain resolved to a light degree, but she still has problems. She's been sent to our office by her personal physician, Dr. Martinez, for an evaluation of this problem.

Physical examination reveals a well-developed but overweight female in no apparent distress. Examination of both elbows shows full range of motion. There is some mild tenderness over the extensor musculature bilaterally. She does have a positive Phelan's and a positive Tinel's sign: both wrists although there is no swelling over the wrists. There is no static strength is neurologic deficit over the median nerve distribution. Her grip strength is equal and symmetrical bilaterally, but I would have to say it is weak for a lady of her size.

I believe this lady does have carpal tunnel syndrome. She may also have an upper extremity repetitive stress injury. I would like to obtain an EMG and nerve conduction study of her upper extremities to delineate the nature of her problem. I would then like to re-evaluate her after this has been performed. She is already on limited duty status at work, and will be rechecked her once the EMG has been performed.

John D. Sonnenberg, M.D.
 Signature mechanically affixed

JDS/js

cc: US Postal Service
 Workmen's Compensation Division
 c/o US Department of Labor
 (fax 312/396-7147)
 cc: Dr. Martinez/Advocate

MIDLAND ORTHOPEDIC ASSOCIATES, S.C.
 Chicago, IL

JOHN OFTUS, M.D.
JOHN WENBERG, M.D.
D. DIRK NELSON, M.D.
MICHAEL G. MADAY, M.D.
STEPHEN V. PERNS, D.P.M.
MICHAEL O. MORAN, M.D.
WILLIAM A. HELLER, M.D.
JAY M. BROOKER, M.D.

MIDLAND

A Division of Combined
Orthopaedic
SPECIALTIES

☐ 2800 S. WABASH SUITE 100
CHICAGO, IL 60616
312/842-4800

☐ 8715 E. MERRION LANE
HOMETOWN, IL 60465
708/425-1190

☐ 6301 E. WILLOW SPRINGS RD., #340
LA GRANGE, IL 60525
708/483-7767

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL <u>✓</u>	99202		LONG ARM	28085		ASPIRATION SMALL-PL	20600	
EMERGENCY	99058		SHORT ARM	28075		ASPIRATION MEDIUM-PL	20605	
OFFICE VISIT (established)			LONG LEG	28085		ASPIRATION LARGE-PL	20610	
LEVEL	9921		SHORT LEG	28425		TRIGGER POINT-PL	20680	
COMPLICATING	(9921) 992		PLASTER(ROLLS)	A4580		CELESTONE CC	J0704	
SURGICAL FOLLOW-UP	99084		FIBERGLASS(ROLLS)	A4580		KENLOCK CC	J3301	
CONSULTATIONS DR.			UNNA BOOT	29880		DEBRIDEMENT	11040	
LEVEL	9924		FINGER SPLINT	29130		PIN REMOVAL	20670	
SECOND OPINION (ME)			ELASTICS	50980		EX FIX REMOVAL	20680	
LEVEL	9987		REMOVAL CAST	29703		X-RAY CONSULTATION	78140	
IME	99458		WINDOW CAST	29730		SPECIAL REPORTS	99090	
CASE MANAGEMENT			WEDGE CAST	29770		EDUCATIONAL	99071	
WITH PATIENT	99054		MINOR SURGERY			MEDICAL TESTIMONY	99075	
TWO PATIENT	99056					PRRACTURE CARE		
PHONE	9957					OTHER		
						SUPPLIES		

DIAGNOSIS: (S.F.Y.) W C 75

DATE OF INJURY _____ FIRST CONSULT _____

RETURN TO WORK: _____

() NOT YET ESTIMATED RETURN _____

() LIGHT DUTY ONLY AS OF _____

RESTRICTIONS: _____

SURGERY: () SO () MS () AM DATE: _____

PERATION: _____

POC-LEVEL _____ MM AS OF _____

() REGULAR DUTY NO RESTRICTIONS AS OF _____

ANESTHESIA: _____ TESTING: _____

NEXT APPOINTMENT: 7 D W M AS NEEDED

DATE: _____ DAY: _____ TIME: _____

DOCTOR'S SIGNATURE _____

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

X _____ DATE _____

ACCOUNT INFORMATION

PATIENT INFORMATION

DATE	TIME	PATIENT	SEX: M F	PRIOR BALANCE
06/15/02	5:30A	CYNTHIA BENSON	U	00
CHRG. SLIP NO.	DOCTOR	LOCATION		TODAY'S CHARGE
345043	DR.	BEVERLY OFFICE		
ACCT. NO.	RESPONSIBLE PARTY	PHONE NO.		TODAY'S PAYMENT
20889178	CYNTHIA	773 / 375-1933		
PRECAP:	OVER 30	OVER 30	OVER 30	CURRENT
	00	00	00	00
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
ANNE DOL				

FLOOR 50107

THRU DATE: 1/1/2008

1/1/2008

COMPANY: 1/1/2008

LIMITED DUTY (LDC 88) AND REHABILITATION (LDC 89) REASSESSMENT INITIATIVE
CENTRAL ILLINOIS PERFORMANCE CLUSTER



August 18, 2002

HAND DELIVERED

CYNTHIA BENSON
MATTESON
Pay Location: 102

RE: Request for Medical Restrictions Update

Dear Ms. BENSON:

In conjunction with your modified duty assignment, the attached letter requests your treating physician to provide current medical information/restrictions.

It is requested that your treating physician provide the attached information by close of business on September 3, 2002. If you are unable to provide the requested information within this time period, you should contact your immediate supervisor to discuss the reason for seeking an extension of submission. Failure to provide the information within this 14-day period may result in termination of your modified duty assignment.

Please emphasize the importance of a timely response to your physician.

Sincerely,

Cynthia S. Kellogg
Manager, Human Resources

Attachment

LIMITED DUTY (LDC 66) AND REHABILITATION (LDC 66) REASSESSMENT INITIATIVE
CENTRAL ILLINOIS PERFORMANCE CLUSTER

August 19, 2002

RE: CYNTHIA BENSON
Claim #: 102007512
DOI: 8/1/01

Dear Doctor:

Our records indicate that you are the attending physician for Ms. BENSON, who sustained a workplace injury. Your medical reports indicate that this employee continues with work restrictions because of this injury. This is a request for clarifying information.

Please respond to the following questions:

1. What is the work related diagnosis? type B Carpal tunnel syndrome
2. Have all residuals of this injury resolved? Yes No
3. If no, what is the expected recovery date? Pending
4. If work restrictions are required for the work related condition, please describe the restrictions in detail (weight limits, intermittent/continuous, number of hours, etc.):
limit repetitive motion to 4 hrs/d
limit 10 lbs.
5. Are these work related restrictions permanent? Yes No
6. If yes, when did patient reach Maximum Medical Improvement? Pending

Printed name/title of individual completing this information: Maria G. Martinez, MDSignature: MGMDate: 8/28/02

We would ask that you reply to the above questions within 14 days. Please be kind enough to return your response in the enclosed self-addressed envelope. You may submit your fee for this report on a standard Form HCFA/OWCP to this office for payment.

Sincerely,

Lillian R. Weiss

Senior Area Medical Director

06/22/2007 11:07 FAX

J000/020

Patient Name: Cynthia Benson Account Number: 56631
 Patient Birthdate: 09/30/54

2

Advocate Medical Record Number:
 Primary Doctor:

AUGUST 28, 2002

I reviewed her RMS, and it is only equivocal for carpal tunnel syndrome. There's no serious electrophysiological evidence for median nerveopathy. Unfortunately, clinically, she seems as if she has carpal tunnel syndrome. I had a long discussion with her about treatment options. My next recommendation at this point would be to give her a diagnostic injection into her right carpal tunnel to see if it relieves the symptoms. If it relieves the symptoms, and then the symptoms return, that would be strong evidence for carpal tunnel syndrome that would resolve the symptoms. However, she does not want to have an injection at this time, but wants to continue working and try to strengthen up her wrist. I have no objection with that. She's going to continue strengthening her wrist and recheck with us in about a month, and we'll see if this has been beneficial to her.

John D. Sonnenberg, M.D.
 Signature mechanically affixed

JDS/js
 cc: above

SEPTEMBER 24, 2002

She finds that she's getting more symptoms while at work. She has repetitive tasks with her right hand at work touching a computer screen which is up and a little bit behind her. She's finding that the symptoms are a little more prominent in the morning when she gets up, numbness and tingling, and also occur while doing the repetitive activities at work. We had a long talk about treatment options at this point. I think it would be important for her not to do the highly repetitive activities for a while and to break up her day with different tasks rather than one specific task the entire day. This would probably go a long way to reducing her carpal tunnel symptoms from the repetitive activities at work. I have written her a recommendation to avoid highly repetitive activities tomorrow, 9/26/02. If she continues to have these work-related difficulties, we have agreed to give her an injection into her carpal canal to see if we can reduce the inflammation. I will recheck her in one additional month.

John D. Sonnenberg, M.D.
 Signature mechanically affixed

JDS/js
 cc: US Postal Service
 Workman's Compensation Division
 US Department of Labor
 fax: 312/596-7147

MIDLAND ORTHOPEDIC ASSOCIATES, S.C.
 Chicago, IL

CAPTURED BY THE

A Member of... **Combined
Orthopaedic
Specialists**

☐ 5736 S. MERRION LANE
HOMETOWN, IL 60458
708/498-1150

☐ 8201 S. WILLOW SPRINGS RD., #340
LA ORANGE, IL 60625
708/482-7767

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	9920		LONG ARM	29065		ASPIRATION SMALL-PA	20800	
EMERGENCY	99059		SHORT ARM	29075		ASPIRATION MEDIUM-PA	20805	
OFFICE VISIT (established)			LONG LEG	29055		ASPIRATION LARGE-PA	20610	
LEVEL	9921		SHORT LEG	29425		TRIGGERS POINT-PA	20585	
COMPLICATING	(9921)-84		PLASTER (ROLLS)	A4680		CELESTONE	CC	10704
SURGICAL FOLLOW-UP	99084		FIBERGLASS (ROLLS)	A4680		KENELOG	CC	16901
CONSULTATIONS DR.			UNNA BOOT	29880		DEBRIDEMENT		11040
LEVEL	9924		FINGER SPLINT	29180		PIN REMOVAL		20670
SECOND OPINION (NEW)			ELASTICS	50280		EX FIX REMOVAL		20680
LEVEL	9927		REMOVAL CAST	29705		X-RAY CONSULTATION		76140
IME	99459		WINDOW CAST	29730		SPECIAL REPORTS		99080
CARE MANAGEMENT			WEDGE CAST	29770		EDUCATIONAL		99071
WITH PATIENT	99354		MINOR SURGERY			MEDICAL TESTIMONY		99076
W/O PATIENT	99359					FRACTURE CARE		
PHONE	9937					OTHER		
						SUPPLIES		

DIAGNOSIS: () Carpal Tunnel Syndrome

URGENT () 00 () 05 () 1AM DATE: _____

OPERATION: _____

ANESTHESIA: TESTING:

DOCTOR'S SIGNATURE

DATE OF INJURY _____ FIRST CONSULT _____

RETURN TO WORK: _____

() NOT YET; ESTIMATED RETURN _____

(LIGHT DUTY ONLY AS OF 4-23-01)

RESTRICTIONS:

POC-LEVEL _____ UNCLASSIFIED

1. REGULAR PAYROLL

1. REGULAR DUTY NO RESTRICTIONS AS OF _____

NEXT APPOINTMENT: _____ D _____ W _____ M _____ AS
DATE: 10/30/02 DAY: Wednesday TIME: 8:30

I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.
 I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND

DATE 9/15/12

PATIENT INFORMATION

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX: M F	PRIOR BALANCE
9/25/82	8:30A	CYNTHIA	F	257.00
CHRG. SLIP NO.	DOCTOR	HENSON		
35575A	JDS	LOCATION		TODAY'S CHARGES
ACCT. NO.	RESPONSIBLE PARTY	BEAUFORT OFFICE		
35531	CYNTHIA	PHONE NO.		TODAY'S PAYMENT
RECAP:	OVER 50	OVER 50	773 / 375-1933	
	00	00	OVER 50	CURRENT
INSURANCE COMPANY				BALANCE DUE
DOL		POLICY NUMBER	00	
	318545758			BALANCE TYPE
FROM DATE	THRD DATE			

06/22/2007 11:07 FAX

0004/028

Patient Name: Cynthia Benson Account Number: 56631
 Patient Birthdate: 09/30/64

3

Advocate Medical Record Number:
 Primary Doctor:

OCTOBER 30, 2002

Ms. Benson is making some improvement with her carpal tunnel syndrome of her right hand. She has less symptoms of numbness, less pain in the hand, and her Phalen's sign and Tinel's sign are negative today. However she has developed lateral epicondylitis of the right elbow. She states that she was lifting an object while at work, and she felt a strain in the right elbow. She has a positive McLaughlin's sign over the right elbow. She has full range of motion of the elbow, but does have weakness on wrist extension. Her point of maximum tenderness is actually directly over the lateral epicondyle.

This lady has developed lateral epicondylitis of the right elbow from some type of lifting activities at work. I would recommend that we give her an injection into the lateral epicondyle of the right elbow to hopefully reduce her pain responses and also to obtain a counterforce sub-work with brace over the right elbow. She will continue to do light duty work with avoidance of repetitive activities.

When I talk with this lady over an extended period of time, it becomes apparent to me that she has no intention of returning back to her normal duties at work. She has it in her mind that this had caused difficulty and problems, namely carpal tunnel syndrome and has now caused some tendinitis of her right elbow. She feels that she will need to remain on a modified duty status to avoid repetitive activities.

John D. Sonnenberg, M.D.
 Signature mechanically affixed

JDS/jm
 cc: US Postal Service
 Workman's Compensation Division
 US Department of Labor
 Fax: 312/596-7147

MIDLAND ORTHOPEDIC ASSOCIATES, S.C.
 Chicago, IL

05/22/2007 11:08 FAX

2005/020

Patient Name: Cynthia Benson Account Number: 56631
 Patient Birthdate: 09/30/64

Advocate Medical Record Number:
 Primary Doctor:

DECEMBER 18, 2002

She has been having some achiness in her hands for the last 2 wk. She has been working at least 4 hour days and has been doing repetitive activities. She complains that the achiness and numbness are over her entire hands, especially at night.

Examination: Reveals medial epicondylitis bilaterally with tenderness over the medial epicondyles and pain with power gripping. She does not have any tenderness over the ulnar nerves. She has a negative Tinel's sign at the wrist and a negative Phalen's test. I really cannot find any neurological deficit in this lady.

I believe she probably has a repetitive stress disorder of both of her hands due to the increased mail activity over the holiday season. I have recommended to her that she use a wrist brace at night to see if this will calm down her symptoms. I have also recommended to her that she take some Naprosyn for the next 2 weeks to see if its anti-inflammatory effect would be of benefit. She will re-check with us in about a month and we will see how effective this is.

John D. Sonnenberg, M.D.
 Signature mechanically affixed

JDS/da

FEBRUARY 25, 2003

She has been a patient of Dr. Sonnenberg for almost a year with recurring symptoms of carpal tunnel syndrome and epicondylitis. Sometimes medial, sometimes lateral, mostly related to repetitive use at the post office (especially the lateral epicondylitis while wearing her wrist splints for carpal tunnel syndrome, she's still trying to force her wrist into the splints. In the cases of when she's using her wrists, she should not wear the splints. I'm going to give her a tennis elbow band to wear when she should help more appropriately. When she's resting, she can wear it if she can consciously relax the muscles. Her EMG's in the past have not shown anything. The last EMG was done in 06/2002. Her symptoms are still very consistent with carpal tunnel syndrome. By now, something should show up. I'm going to repeat the EMG/NCV and see her back as soon as the results are complete.

Jay M. Brooker, M.D.
 Signature mechanically affixed

JMB/da

MIDLAND ORTHOPEDIC ASSOCIATES, S.C.
 Chicago, IL

GERALD R. LOFTUS, M.D.
 JOHN D. SONNENBERG, M.D.
 D. DIRK NELSON, M.D.
 MICHAEL G. MADAY, M.D.
 STEPHEN V. PERNS, D.P.M.
 MICHAEL G. MORAN, M.D.
 WILLIAM A. HELLER, M.D.
 JAY M. BROOKER, M.D.
 MICHELLE A. JAWORSKI, M.D.

MIDLAND

ORTHOPEDIC
ASSOCIATESA Member of Combined
Orthopaedic
SPECIALISTS
☐ 2650 S. WABASH SUITE 100
 CHICAGO, IL 60616
 312/642-4900

☐ 6735 S. MERRION LANE
 HOMETOWN, IL 60458
 708/426-1180

☐ 3801 S. WILLOW SPRINGS RD., #340
 LA GRANGE, IL 60525
 708/482-7767

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	9920		LONG ARM	29085		ASPIRATION SMALL-R/L	20600	
EMERGENCY	99089		SHORT ARM	29078		ASPIRATION MEDIUM-R/L	20605	
OFFICE VISIT (established)			LONG LEG	29086		ASPIRATION LARGE-R/L	20610	
LEVEL	99215		SHORT LEG	29425		TRIGGER POINT-R/L	20650	
COMPLICATING (9921) -24			PLASTER(ROLLS)	A4680		CELESTONE CO	J0704	
SURGICAL FOLLOW-UP	99084		FIBERGLASS(ROLLS)	A4590		KENELOG CO	J0951	
CONSULTATIONS DR.			UNNA BOOT	29680		DEBRIDEMENT	11040	
LEVEL	9924		FINGER SPLINT	29120		PIN REMOVAL	20671	
SECOND OPINION (IME)			ELASTICS	20280		EX FIX REMOVAL	20680	
LEVEL	9927		REMOVAL CAST	29705		X-RAY CONSULTATION	76140	
IME	99455		WINDOW CAST	29790		SPECIAL REPORTS	99080	
CASE MANAGEMENT			WEDGE CAST	29770		EDUCATIONAL	99071	
WITH PATIENT	99384		MINOR SURGERY			MEDICAL TESTIMONY	99078	
W/O PATIENT	99355					FRACTURE CARE	()	
PHONE	9937					OTHER	()	
						SUPPLIES	()	

DIAGNOSIS: ()

DATE OF INJURY FIRST CONSULT

RETURN TO WORK:

() NOT YET; ESTIMATED RETURN

() LIGHT DUTY ONLY AS OF

RESTRICTIONS:

SURGERY: () 100 () 25 () AM DATE:

OPERATION:

PDC-LEVEL MMAS OF

() REGULAR DUTY; NO RESTRICTIONS AS OF

ANESTHESIA: TESTING:

NEXT APPOINTMENT: D W M AS NEEDED

DATE: 1/10/08 DAY: 10 TIME: 9:00

DOCTOR'S SIGNATURE

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND
 I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

X DATE: 1/10/08

ACCOUNT INFORMATION

PATIENT INFORMATION

DATE	TIME	PATIENT	SEX: M F	PRIOR BALANCE
1/10/08	9:00	JOHN D. NELSON	M	0.00
CHRG. SLIP NO.	DOCTOR	LOCATION		TODAY'S CHARGES
543224	TRIAL	5-1010-10-1000		
ACCT. NO.	RESPONSIBLE PARTY	PHONE NO.		TODAY'S PAYMENT
55531	JOHN D. NELSON	512-1000		
RECAP:	OVER 60	OVER 60	OVER 30	CURRENT
	400	100	100	100
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
ACIL	1000000000			

GERALD F. LOFTUS, M.D.
 JOHN D. SONNENBERG, M.D.
 D. DIRK NELSON, M.D.
 MICHAEL G. MADAY, M.D.
 STEPHEN V. PERNIS, D.P.M.
 MICHAEL C. MORAN, M.D.
 WILLIAM A. HELLER, M.D.
 JAY M. BROOKER, M.D.
 MICHELLE A. JAWORSKI, M.D.

MIDLAND

ORTHOPAEDIC
 SPECIALISTS

A Member of Combined
 Orthopaedic
 SPECIALISTS

☐ 2850 S. WABASH SUITE 100
 CHICAGO, IL 60616
 312/543-4800

☐ 8755 S. MERRION LANE
 HOMETOWN, IL 60465
 708/425-1180

☐ 8801 S. WILLOW SPRINGS RD., 8840
 LA GRANGE, IL 60525
 708/482-7757

☐ 8831 S. WESTERN AVE
 CHICAGO, IL 60640
 773/236-3445

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	9980		LONG ARM	29065		ASPIRATION SMALL-RL	20800	
EMERGENCY	99058		SHORT ARM	29075		ASPIRATION MEDIUM-RL	20805	
OFFICE VISIT (established)			LONG LEG	29085		ASPIRATION LARGE-RL	20810	
LEVEL	9921		SHORT LEG	29435		TRIGGER POINT-RL	20850	
COMPLICATING (9921)-24			PLASTER(ROLLS)	A4890		CELESTONE	J0794	
SURGICAL FOLLOW-UP	99024		WIREGLASS(ROLLS)	A4890		KNEELOS	J8001	
CONSULTATIONS DR.			UNNA BOOT	29680		DEBRIDEMENT	11040	
LEVEL	9924		FINGER SPLINT	29130		FIN REMOVAL	20870	
SECOND OPINION (IME)			ELASTICS	20890		EX FIX REMOVAL	20880	
LEVEL	9927		REMOVAL CAST	29708		X-RAY CONSULTATION	75140	
IME	99485		WINDOW CAST	29730		SPECIAL REPORTS	20980	
CASE MANAGEMENT			WEDGE CAST	29770		EDUCATIONAL	99071	
WITH PATIENT	99354		MINOR SURGERY			MEDICAL TESTIMONY	99073	
W/O PATIENT	99358					FRACTURE CARE		
PHONE	9937					OTHER		
						SUPPLIES		

DIAGNOSIS: ()

DATE OF INJURY FIRST CONSULT

RETURN TO WORK:

() NOT YET; ESTIMATED RETURN

() LIGHT DUTY ONLY AS OF

RESTRICTIONS:

SURGERY: () BD () SS () AM DATE:

OPERATION:

POC-LEVEL MM AS OF

() REGULAR DUTY; NO RESTRICTIONS AS OF

ANESTHESIA: TESTING:

NEXT APPOINTMENT: D W M AS

DATE: DAY: TIME:

DOCTOR'S SIGNATURE

HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND
 HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

X DATE

PATIENT INFORMATION

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX: M F	PRIOR BALANCE
CHRG. SLIP NO.	DOCTOR	LOCATION		TODAY'S CHARGE
ACCT. NO.	RESPONSIBLE PARTY	PHONE NO.		TODAY'S PAYMENT
RECAP:	OVER 80	OVER 80	OVER 80	CURRENT
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		BALANCE DUE

File Number: 102007312
6059-O-

U.S. DEPARTMENT OF LABOR

EMPLOYMENT STANDARDS ADMINISTRATION
OFFICE OF WORKERS' COMPENSATION PROGRAMS
PO BOX 8300
LONDON KY 40742-8300
Phone: (312) 595-7157

April 29, 2003

Date of Injury: 08/01/2001
Employee: Cynthia Benson

✓ CYNTHIA DIANE BENSON
7337 S SHORE DR
CHGO, IL 60649

Reference: Our telephone conversation 4/29/03

Dear Ms. Benson:

I am writing to inform you and any addressee shown at the bottom of this letter that the following surgical procedure(s) or diagnostic test(s) are authorized at the expense of this office:

EMG/NCV per Dr. Jay Brooker's request, dated 2/25/03

If a physician or medical facility is not shown on this letter and requires authorization from us to proceed with services directly related to the authorized procedure (such as x-rays or lab tests), a copy of this letter may be given to them as proof of coverage.

Physicians and other non-hospital medical providers should bill us directly at the above address using form HCFA-1500. Hospitals must use form UB-82 or UB-92. Bills should reflect the correct case number as shown above to avoid delay in processing.

Sincerely,



Jack Witham
Claims Examiner

US POSTAL SERVICE
CHICAGO - SOUTH SUBURBAN MSC
INJURY COMPENSATION UNIT
6801 WEST 73RD STREET
BEDFORD PARK, IL 60489

Fax copy to 773-375-7008

File Number: 102007312
MEDDEV-O-TR

Thank you for your assistance. Your full reply within 30 days would be very much appreciated.
If you have any questions regarding this request, please contact me.

Sincerely,

Marie Oliver

Marie Oliver
Claims Examiner

✓ Enclosures: OWCP-5c

✓ CYNTHIA DIANE BENSON
7337 S SHORE DR
CHGO, IL 60649

US POSTAL SERVICE
CHICAGO - SOUTH SUBURBAN MSC
INJURY COMPENSATION UNIT
6801 WEST 73RD STREET
BEDFORD PARK, IL 60499

05/22/2007 11:08 FAX

008/028

Patient Name: Cynthia Benson Account Number: 56631
 Patient Birthdate: 09/30/64

Advocate Medical Record Number:
 Primary Doctor:

MAY 12, 2003

She's here in follow up for her hands. She's doing a lot better now that her duty has been modified, allowing her to not do repetitive motions of her hands. She's going to repeat the EMG on this Thursday. I will see her back in 8 days. It is a positive sign to see that she is doing significantly better, but we need to follow up with the remainder of the treatment and see if there's anything else that can be helpful to her. Perhaps she may require some occupational therapy to allow her to handle the repetitive motions again once we know one way or another what it's going on the EMG.

Jay M. Brooker, M.D.
 Signature mechanically affixed

JMB/da

MAY 21, 2003

She's here in follow up for her hand. An EMG this time does not show that she has mild carpal tunnel syndrome. Over time, it has progressed to the point where it is noticeable. In order to make her hand in better shape to be able to handle repetitive motions, the only thing that I could offer her would be to have her undergo some occupational therapy to improve the balance and strength in her forearm muscles so that she is not overexerting flexion versus extension of the wrist and performs her duties in a more balanced fashion so that she does not get inflamed in either direction. If this occurs, then she should be able to handle the repetitive movements as long as she keeps up her strength and endurance. If it continues to be aggravated, we can always address the carpal tunnel syndrome surgically if we have to and then rehabilitate her afterwards. She should do this that way as well.

Jay M. Brooker, M.D.
 Signature mechanically affixed

JMB/da

DATE	TIME	PATIENT	SEX M F	PRIOR BALANCE
07/01/03	2:00P	CYNTHIA BENSON	F -	.00
CHRG. SLIP NO. 424344	DOCTOR HAND THERAPY <i>SMB</i>	LOCATION HONETOWN OFFICE	TODAY'S CHARGES	
ADPT. NO. 56631	RESPONSIBLE PARTY CYNTHIA	PHONE NO. 773 / 375-1933	TODAY'S PAYMENT	
RECAP:	OVER 60 .00	OVER 60 .00	OVER 60 .00	CURRENT .00
INSURANCE COMPANY DOL		POLICY NUMBER 318545758/	BALANCE TYPE N P	
THRU DATE:		DIAGNOSIS:		

GERALD F. LOFTUS, M.D.
JOHN D. ROHNENBERG, M.D.
D. DIRK NELSON, M.D.
MICHAEL G. MADAY, M.D.
STEPHEN V. PERNS, D.P.M.
MICHAEL G. MORAN, M.D.
WILLIAM A. HELLER, M.D.
JAY M. BROOKER, M.D.
MICHELLE A. JAWORSKI, M.D.

MIDLAND

A Member of... Combined
Orthopaedic
SPECIALISTS

☐ 2800 S. WABASH BLVD 100
CHICAGO, IL 60618
312/543-4800

☐ 8786 S. MERRISON LANE
HOMETOWN, IL 60465
708/485-1180

☐ 8201 S. WILLOW SPRINGS RD., #340
LA GRANGE, IL 60138
708/485-7767

☐ 8831 S. WESTERN AVE.
CHICAGO, IL 60643
773/866-6486

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	9890		LONG ARM	28088		ASPIRATION SMALL-P/L	20420	
EMERGENCY	98958		SHORT ARM	28075		ASPIRATION MEDIUM-P/L	20808	
OFFICE VISIT (RE-EVALUATION)			LONG LEG	28355		ASPIRATION LARGE-P/L	20810	
LEVEL	9821		SHORT LEG	28425		TRIGGER POINT-P/L	20860	
COMPLICATING (9821) x 24			PLASTER (ROLLS)	A4580		CELESTONE	00	02704
SURGICAL FOLLOW-UP	98084		FIBERGLASS (ROLLS)	A4580		KENELUG	00	03381
CONSULTATIONS DR.			UNNA BOOT	28880		DEBRIDEMENT	11040	
LEVEL	9834		FINGER SPLINT	28130		PIN REMOVAL	20870	
SECOND OPINION (NEW)			ELASTICS	93880		EX FIX REMOVAL	20880	
LEVEL	9837		REMOVAL CAST	28708		X-RAY CONSULTATION	78140	
IME	98458		WINDOW CAST	28720		SPECIAL REPORTS	98080	
CASE MANAGEMENT			WEDGE CAST	28770		EDUCATIONAL	98071	
WITH PATIENT	98364		MINOR SURGERY			MEDICAL TESTIMONY	98075	
W/O PATIENT	98368					FRACTURE CARE	()	
PHONE	9837					OTHER	()	
						SUPPLIES	()	

DIAGNOSIS: ()

DATE OF INJURY _____ FIRST CONSULT _____

RETURN TO WORK: _____

() NOT YET; ESTIMATED RETURN _____

() LIGHT DUTY ONLY AS OF _____

RESTRICTIONS: _____

URGERY: () SD () SD () AM DATE: _____

OPERATION: _____

NEXT APPOINTMENT: _____ D _____ W _____ M _____ AS
DATE: _____ DAY: _____ TIME: _____

DOCTOR'S SIGNATURE _____

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

DATE 7/10/03

PATIENT INFORMATION

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX: M F	PRIOR BALANCE
07/10/03	1:30P	CYNTHIA BENSON	F	386.00
CHRG. SLIP NO.	DOCTOR	LOCATION		TODAY'S CHARGES
423957	HAND THERAPY JMB	HOMETOWN OFFICE		TODAY'S PAYMENT
ADOT. NO.	RESPONSIBLE PARTY	PHONE NO.		BALANCE DUE
56631	CYNTHIA	773 / 375-1933		
RECAP:	OVER 90	OVER 90	OVER 90	CURRENT
.00	.00	.00	.00	
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
DOL	318545758/	N		
FROM DATE:	THRU DATE:	PLAN TYPE:		

GERALD F. LOFTUS, M.D.
 JOHN D. SONNENBERG, M.D.
 D. DIRK NELSON, M.D.
 MICHAEL G. MADAY, M.D.
 STEPHEN V. PERNS, D.R.M.
 MICHAEL C. MORAN, M.D.
 WILLIAM A. HELLER, M.D.
 JAY M. BROOKER, M.D.
 MICHELLE A. JAWORSKI, M.D.

MIDLAND

A Division of Combined
Orthopaedic
 SPECIALISTS

☐ 5885 S. WABASH SUITE 100
 CHICAGO, IL 60618
 312/842-4830

☐ 8735 S. MERRION LANE
 HOMETOWN, IL 60466
 708/486-1180

☐ 5801 S. WILLOW SPRINGS RD., #240
 LA GRANGE, IL 60525
 708/486-7787

☐ 5831 S. WESTERN AVE.
 CHICAGO, IL 60643
 773/238-8395

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	9920		LONG ARM	29055		ASPIRATION SMALL-R/L	20800	
EMERGENCY	99058		SHORT ARM	29075		ASPIRATION MEDIUM-R/L	20805	
OFFICE VISIT (RE-EVALUATION)			LONG LEG	29085		ASPIRATION LARGE-R/L	20810	
LEVEL	9921		SHORT LEG	29435		TRIGGER POINT-R/L	20830	
COMPLICATING	(9921) J-24		PLASTER(ROLLS)	A4580		CELESTONE	00	J8704
SURGICAL FOLLOW-UP	99024		FIBERGLASS(ROLLS)	A4590		KENELOG	00	J3301
CONSULTATION DR.			UNNA BOOT	29580		DEBRIDEMENT	11040	
LEVEL	9924		FINGER SPLINT	24130		PIN REMOVAL	20870	
SECOND OPINION (NEW)			SLASTICS	50890		EX FIX REMOVAL	20880	
LEVEL	9927		REMOVAL CAST	29708		X-RAY CONSULTATION	78140	
IME	99464		WINDOW CAST	29730		SPECIAL REPORTS	99080	
CASE MANAGEMENT			WEDGE CAST	29770		EDUCATIONAL	99071	
WITH PATIENT	99304		MINOR SURGERY			MEDICAL TESTIMONY	99075	
W/O PATIENT	99349					FRACTURE CARE		
PHONE	9937...					OTHER		
						SUPPLIES		

72032 MEDIAL EPICONDYLITIS

DIAGNOSIS: ()

DATE OF INJURY: FIRST CONSULT: _____

RETURN TO WORK: _____

() NOT YET ESTIMATED RETURN _____

() LIGHT DUTY ONLY AS OF _____

RESTRICTIONS: _____

INJURY: () MD () RS () AM DATE: _____

OPERATION: _____

ANESTHESIA: TESTING: _____

DOCTOR'S SIGNATURE

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND
 I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

DATE 7/15/03

PATIENT INFORMATION

ACCOUNT INFORMATION

DATE	TIME	PATIENT	REG M F	PRIOR BALANCE
07/15/03	1:30P	CYNTHIA BENSON	F	711.00
CHRG. SLIP NO.	DOCTOR	LOCATION		TODAY'S CHARGES
426826	HAND THERAPY	HOMETOWN OFFICE		TODAY'S PAYMENT
ACCT. NO.	RESPONSIBLE PARTY	PHONE NO.		BALANCE DUE
56631	CYNTHIA	773 / 375-1933		
PRCAP:	OVER 90	OVER 90	CURRENT	
	.00	.00	.00	
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
DOL	318545758/	W		
		P		

FROM DATE:

THRU DATE:

08/22/2007 11:08 FAX

2007/028

Patient Name: Cynthia Benson Account Number: 55631
 Patient Birthdate: 08/30/64

Advocate Medical Record Number:
 Primary Doctor:

AUGUST 8, 2007

She's here in follow up for her hand. Overall, she does have w... of understanding what causes and how to avoid her symptoms. I'm go... ng to have her think about some of tingling that she gets at night time to... se: if it is more in the 4th and 5th digit. She does have some sensitivit... along the medial part of her elbow, and it may be that she's getting a li... bit of cubital tunnel syndrome with sensitivity at the ulnar nerve in... he region that she's pointing at in the elbow which would create numbness... and tingling in the 4th and 5th digit regardless of any splinting.

The best thing to help that would be to position her elbow on a... willow with the arm straight. Her work activities, as long as she continues... with the modifications that we've discussed, she should last a very long... time without any problems. Things can exacerbate for any reason, so... she should keep a close eye on it. We'll see her back in about 3 months.

The patient would do best by having modifications to her activi... where she does not do repetitive activities with the right hand. This inc... ide activities such as repetitive keyboarding, repetitive throwing, repetitive lifting and grasping. As long as she is afforded opportunities... repetitive here this is not done more than 25% of the time that she's at work, she... ould do well. We will again check her back in about 3 months to assess... w she's doing.

Jay M. Brooker, M.D.
 Signature mechanically affixed

JMB/js

SEPTEMBER 3, 2007

She is improved with her modifications of duty. Intermittently... she does get numbness at nighttime. This should be controlled with splinting... as long as she can tolerate doing so. I'll see her back in a month.

Jay M. Brooker, M.D.
 Signature mechanically affixed JMB/js

OCTOBER 8, 2007

Here in follow up for her hand. She is okay as long as she stays... with the modifications of duty and wears her splints, but at this point... don't anticipate that if she resumes her activities that it will neces... arily be okay for her to do so. She is going to need to undergo a modifi... tion of her duty. I'm sure there are lateral transfers that she can do... that his accommodate this, I will see her back in a few weeks to make sur... can be done.

Jay M. Brooker, M.D.
 Signature mechanically affixed JMB/js

MIDLAND ORTHOPEDIC ASSOCIATES, S.C.
 Chicago, IL

GERALD F. LOFTUS, M.D.
 JOHN D. SONNENBERG, M.D.
 D. DIRK NELSON, M.D.
 MICHAEL G. MADAY, M.D.
 STEPHEN V. FERNS, D.P.M.
 MICHAEL C. MORAN, M.D.
 WILLIAM A. HELLER, M.D.
 JAY M. BROOKER, M.D.
 MICHELLE A. JAWORSKI, M.D.

MIDLAND

ORTHOPAEDIC
 SPECIALISTS

A Member of Combined
 Orthopaedic
 SPECIALISTS

☐ 8802 S. WABASH SUITE 100
 CHICAGO, IL 60616
 312/542-1600

☐ 8735 S. MERRICK LANE
 HOMETOWN, IL 60430
 708/485-1150

☐ 8801 S. WILLOW SPRINGS RD., #340
 LA GRANGE, IL 60525
 708/482-7767

☐ 8831 S. WESTERN AVE.
 CHICAGO, IL 60643
 773/289-6466

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	9920		LONG ARM	29005		ASPIRATION SMALL-RL	20800	
EMERGENCY	99050		SHORT ARM	29075		ASPIRATION MEDIUM-RL	20805	
OFFICE VISIT (established)			LONG LEG	29855		ASPIRATION LARGE-RL	20810	
LEVEL	9921		SHORT LEG	29425		TRIGGER POINT-RL	20880	
COMPLICATING	(9921...)-24		PLASTER(ROLLS)	A4550		CELESTONE	CC	J0704
SURGICAL FOLLOW-UP	99084		FIBERGLASS(ROLLS)	A4550		KENLOG	CC	J8801
CONSULTATIONS DR.			UNNA BOOT	29580		DEBRIDEMENT		11040
LEVEL	9924		FINGER SPLINT	20120		PIN REMOVAL		20870
SECOND OPINION (NEW)			ELASTICS	80280		EX FIX REMOVAL		20880
LEVEL	9927		REMOVAL CAST	29705		X-RAY CONSULTATION		70140
IME	99456		WINDOW CAST	20730		SPECIAL REPORTS		99080
CASE MANAGEMENT			WEDGE CAST	29770		EDUCATIONAL		99071
WITH PATIENT	99354		MINOR SURGERY			MEDICAL TESTIMONY		99075
W/O PATIENT	99359					FRACTURE CARE		
PHONE	9967					OTHER		
						SUPPLIES		

72631 MEDICAL EPICONDYLITIS

DIAGNOSIS: ()

DATE OF INJURY FIRST CONSULT

RETURN TO WORK:

() NOT YET; ESTIMATED RETURN

() LIGHT DUTY ONLY AS OF

RESTRICTIONS:

FDC-LEVEL NMI AS OF

() REGULAR DUTY; NO RESTRICTIONS AS OF

NEXT APPOINTMENT

DATE:

DAY:

TIME:

AS NEEDED

DOCTOR'S SIGNATURE

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND
 I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

x Yvonne D. Benson DATE 9/3/03

PATIENT INFORMATION

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX M F	PRIOR BALANCE
09/03/03	1:15P	CYNTHIA BENSON	F	77.00
CHRG SUP NO. 432774	DOCTOR JMB	LOCATION BEVERLY OFFICE		TODAY'S CHARGES
ACCT NO. 55531	RESPONSIBLE PARTY CYNTHIA	PHONE NO. 773 / 375-1933		TODAY'S PAYMENT
RECAP:	OVER 50	OVER 50	OVER 50	CURRENT
INSURANCE COMPANY DOL	POLICY NUMBER 318543758/			BALANCE DUE
FROM DATE:	THRU DATE:			DIAGNOSIS:

COPY #

GERALD F. LOFTUS, M.D.
JOHN D. SONNENBERG, M.D.
D. DIRK NELSON, M.D.
MICHAEL G. MADAY, M.D.
STEPHEN V. PERNS, D.P.M.
MICHAEL C. MORAN, M.D.
WILLIAM A. HELLER, M.D.
JAY M. BROOKER, M.D.
MICHELLE A. JAWORSKI, M.D.

MIDLAND

10/8/03

A HISTORY OF... Combined
Orthopaedic
SPECIALISTS

☐ 2550 S. WABASH SUITE 100
CHICAGO, IL 60618
312/642-4800

☐ 8706 S. MERRION LANE
HOMETOWN, IL 60450
708/435-1140

☐ 5801 S. WILLOW SPRINGS RD., #340
LA GRANGE, IL 60525
708/482-7767

☐ 9831 S. WESTERN AVE.
CHICAGO, IL 60643
770/290-8406

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	9920		LONG ARM	99065		ASPIRATION SMALL-R/L	90900	
EMERGENCY	99055		SHORT ARM	29075		ASPIRATION MEDIUM-R/L	90905	
OFFICE VISIT (established)			LONG LEG	29365		ASPIRATION LARGE-R/L	90910	
LEVEL	9921		SHORT LEG	29485		TRIGGER POINT-R/L	90980	
COMPLICATING (9921) -94			PLASTER/ROLLS	A4580		CELESTONE -CC	J0704	
SURGICAL FOLLOW-UP	99084		FIBERGLASS/ROLLS	A4580		KENLOG -CC	J5301	
CONSULTATIONS DR.			UNNA BOOT	29580		DEBRIDEMENT	11040	
LEVEL	9924		FINGER SPLINT	29130		PIN REMOVAL	20670	
SECOND OPINION (IME)			ELASTICS	90980		EX FIX REMOVAL	40980	
LEVEL	9927		REMOVAL CAST	29705		X-RAY CONSULTATION	78140	
IME	99405		WINDOW CAST	29780		SPECIAL REPORTS	99080	
CASE MANAGEMENT			WEDGE CAST	29770		EDUCATIONAL	99071	
WITH PATIENT	99994		MINOR SURGERY			MEDICAL TESTIMONY	99075	
W/O PATIENT	99995					FRACTURE CARE		
PHONE	99997					OTHER		
						SUPPLIES		

72631 MEDICAL EPICANDYLLITE

DIAGNOSIS: ()

DATE OF INJURY FIRST CONSULT

RETURN TO WORK:

() NOT YET ESTIMATED RETURN

() LIGHT DUTY ONLY AS OF

RESTRICTIONS:

Excluded duty permanent

Excluded duty permanent

Excluded duty permanent

Excluded duty permanent

PDC-LEVEL MMAS OF 15.00

() REGULAR DUTY; NO RESTRICTIONS AS OF 10/8/03

SURGERY: () 90 () 120 () AM DATE:

OPERATION:

ANESTHESIA: TESTING

DOCTOR'S SIGNATURE

HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND
HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

X *Cynthia Benson* DATE 10/8/03

PATIENT INFORMATION

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX: M F	PRIOR BALANCE
10/08/03	1:30P	CYNTHIA BENSON	F	\$95.00
CHRG SLIP NO. 442118 JMB	DOCTOR	LOCATION BEVERLY OFFICE		TODAY'S CHARGES
ACCT NO. 56531	RESPONSIBLE PARTY CYNTHIA	PHONE NO. 773 / 375-1933		TODAY'S PAYMENT
RECAP: .00 OVER 80 .00 OVER 80 .00 OVER 90 .00		CURRENT		BALANCE DUE
INSURANCE COMPANY DUL	POLICY NUMBER 318545708/	BALANCE TYPE P		
FROM DATE: COPAY	THRU DATE:	DIAGNOSIS:		

05/22/2007 11:08 FAX

2000/000

Patient Name: Cynthia Benson Account Number: 56631
 Patient Birthdate: 09/30/64

7

Advocate Medical Record Number:
 Primary Doctor:

NOVEMBER 10, 2003

She's here in follow up for her hands. She has reached maximal improvement. I do not anticipate any further gains from here. She does well as long as she continues with modified activity, and she can continue with the present activities as she has been doing so. I will see her back if there are any problems in the future.

Jay M. Brooker, M.D.
 Signature mechanically affixed

JMB/js

JANUARY 15, 2004

Cynthia Benson is here in follow-up for her lateral epicondylitis and carpal tunnel syndrome. Her symptoms remain minimal as long as she is allowed to limit the activities that she performs at work. In all cases those activities would involve being involved with work for 4 or 5 days, she mainly has desk duty that does not involve repetitive activities with the hands which does allow the problem to remain at bay. If she does request to any typing or any other repetitive activities, she will worsen the problem as well as any repeated lifting or throwing.

Today her symptoms of lateral epicondylitis and carpal tunnel syndrome are mild. It should be alleviated with splinting. When she needs to rest I have explained to her that the epicondylitis tends to get worse when she starts to get carpal tunnel symptoms and tends to bring the wrist more into extension. When she has pain in the elbow, the wrist splint will actually help to prevent excessive extension of the wrist just as it helps with excessive flexion. She is also going to keep track of what type of numbness she gets, whether it is the 4th and 5th digits or all of the digits or whether it is the 1st, 2nd and 3rd. There may be a component of ulnar nerve compression that is occurring when she is sleeping that we could treat by putting a pillow underneath the elbow at night time.

I will see her back in about 3 to 4 weeks to assess that.

Jay M. Brooker, M.D.
 Signature mechanically affixed

JMB/ch

cc: Department of Labor, Dale Schultz

MIDLAND ORTHOPEDIC ASSOCIATES, S.C.
 Chicago, IL

GERALD F. LOFTUS, M.D.
 JOHN D. SONNENBERG, M.D.
 D. DIRK NELSON, M.D.
 MICHAEL G. MADAY, M.D.
 STEPHEN V. PERNS, D.R.M.
 MICHAEL C. MORAN, M.D.
 WILLIAM A. HELLER, M.D.
 JAY M. BROOKER, M.D.
 MICHELLE A. JAWORSKI, M.D.

MIDLAND

ORTHOPEDIC

A Member of... Combined
Orthopaedic
SPECIALISTS
☐ 2220 S. WABASH SUITE 100
 CHICAGO, IL 60616
 312/843-4800

☐ 8722 S. MERRION LANE
 HOMEROWN, IL 60468
 708/428-1180

☐ 5201 S. WILLOW SPRINGS RD., #340
 LA GRANGE, IL 60525
 708/482-7767

☐ 9851 S. WESTERN AVE.
 CHICAGO, IL 60643
 773/239-4408

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	8880		LONG ARM	22085		ASPIRATION SMALL-RL	20600	
EMERGENCY	8908		SHORT ARM	22075		ASPIRATION MEDIUM-RL	20605	
OFFICE VISIT (RE-EVALUATION)			LONG LEG	22085		ASPIRATION LARGE-RL	20610	
LEVEL	8821		SHORT LEG	22425		TRIGGER POINT-RL	30580	
COMPLICATING (NEW) - \$4			PLASTER (ROLLS)	A4580		CELESTONE	CC	J6704
SURGICAL FOLLOW-UP	88034		FIBERGLASS (ROLLS)	A4580		KENLOG	CC	J8301
CONSULTATIONS DR.			UNNA BOOT	22680		DEBRIDEMENT		11040
LEVEL	9024		FINGER SPLINT	22130		PIN REMOVAL		20670
SECOND OPINION (NEW)			ELASTIC	20820		EX FIX REMOVAL		20680
LEVEL	9027		REMOVAL CAST	22705		X-RAY CONSULTATION		76140
IME	90489		WINDOW CAST	22730		SPECIAL REPORTS		96080
CASE MANAGEMENT			WEDGE CAST	22770		EDUCATIONAL		98071
WITH PATIENT	90254		MINOR SURGERY			MEDICAL TESTIMONY		98075
W/O PATIENT	90255					FRACTURE CARE		
PHONE	9027					OTHER		
						SUPPLIES		

708-71 MEDICAL EMERGENCY

DIAGNOSIS: ()

DATE OF INJURY FIRST CONSULT

RETURN TO WORK:

() NOT YET ESTIMATED RETURN

() LIGHT DUTY ONLY AS OF

RESTRICTIONS: *Return same day**modification*

POC-LEVEL MMI AS OF

() REGULAR DUTY NO RESTRICTIONS AS OF

NEXT APPOINTMENT: D W M AS

DATE: DAY: TIME: NEEDED

INVESTMENT: TESTING:

X DOCTOR'S SIGNATURE

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND
 HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

X *[Signature]* DATE *11/10/05*

PATIENT INFORMATION

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX	M	P	PRIOR BALANCE
1/10/03	1:15P	CYNTHIA BENSON	F			375.00
CHRG. SUP NO.	DOCTOR	LOCATION	TODAY'S CHARGES			
444402 JMB		BEVERLY OFFICE				
ACCT. NO.	RESPONSIBLE PARTY	PHONE NO.	TODAY'S PAYMENT			
55631	CYNTHIA	773 / 375-1933				
RECAP:	OVER 90	OVER 60	OVER 30	CURRENT	BALANCE DUE	
.00	.00	.00	.00			
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE				
DOL	318545758/					
FROM DATE:	THRU DATE:	DIAGNOSIS:				

GERALD R. LOFTUS, M.D.
 JOHN D. SONNENBERG, M.D.
 D. DIRK NELSON, M.D.
 MICHAEL G. MADAY, M.D.
 STEPHEN V. PERNS, D.P.M.
 MICHAEL C. MORAN, M.D.
 WILLIAM A. HELLER, M.D.
 JAY M. BROOKER, M.D.
 MICHELLE A. JAWORSKI, M.D.

MIDLAND

ADVISORY BOARD

you're the
He
2/9/04
 Combined
 Orthopaedic
 SPECIALISTS

☐ 3880 S. WABASH SUITE 100
 CHICAGO, IL 60616
 312/843-4800

☐ 8785 S. MERRION LANE
 HOMERIDGE, IL 60438
 708/425-1150

☐ 8201 S. WILLOW SPRINGS RD., #240
 LA GRANGE, IL 60138
 708/488-7787

☐ 8821 S. WESTERN
 CHICAGO, IL 60641
 773/338-8498

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	8000		LONG ARM	29085		ASPIRATION SMALL-RL	20600	
EMERGENCY	80058		SHORT ARM	29075		ASPIRATION MEDIUM-RL	20605	
OFFICE VISIT (reestablished)			LONG LEG	29355		ASPIRATION LARGE-RL	20810	
LEVEL 3	8001		SHORT LEG	29485		TRIGGER POINT-RL	20850	
COMPLICATING	(8921) 1-24		PLASTER(ROLLS)	A4580		CELESTONE CO	J0704	
SURGICAL FOLLOW-UP	89024		FIBERGLASS(ROLLS)	A4880		KENLOG CO	J3301	
CONSULTATIONS: DR.			UNNA BOOT	29580		DEBRIDEMENT	11040	
LEVEL	8934		FINGER SPLINT	29130		PIN REMOVAL	20870	
SECOND OPINION (NEW)			ELASTICS	50280		BX PIN REMOVAL	20880	
LEVEL	8927		REMOVAL CAST	29708		X-RAY CONSULTATION	78140	
IMP	89458		WINDOW CAST	29730		SPECIAL REPORTS	89080	
CASE MANAGEMENT			WEDGE CAST	29770		EDUCATIONAL	89971	
WITH PATIENT	89354		MINOR SURGERY			MEDICAL TESTIMONY	89075	
W/O PATIENT	89358					FRACTURE CARE		
PHONE	8937					OTHER SUPPLIES		

DIAGNOSIS: ()

DATE OF INJURY FIRST CONSULT

RETURN TO WORK:

() NOT YET ESTIMATED RETURN:

() LIGHT DUTY ONLY AS OF

RESTRICTIONS:

SURGERY: () SD () MS () AM DATE:

OPERATION:

ANESTHESIA: TESTING:

X DOCTOR'S SIGNATURE

PDD-LEVEL MMI AS OF

() REGULAR DUTY; NO RESTRICTIONS AS OF

NEXT APPOINTMENT: 2-17-04 W M AS
 DATE: 2-17-04 DAY: Thursday TIME: 8:15 AM

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND
 I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

X DATE

PATIENT INFORMATION

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX M F	PRIOR BALANCE
01/15/04	0:45A	CYNTHIA BENSON	F	54.00
CHRG. SLIP NO.	DOCTOR	LOCATION		TODAY'S CHARGES
461132 JMB		BEVERLY OFFICE		
ACCT. NO.	RESPONSIBLE PARTY	PHONE NO.		TODAY'S PAYMENT
55631	CYNTHIA	773 / 375-1933		
RECAP:	OVER 60	OVER 60	OVER 60	CURRENT
.00	.00	.00	.00	BALANCE DUE
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
DOL	318545758/			
FROM DATE:	THRU DATE:	DIAGNOSIS:		
COPY :				

File Number: 102007312
MEDDEV-O-TR

U.S. DEPARTMENT OF LABOR

EMPLOYMENT STANDARDS ADMINISTRATION
OFFICE OF WORKERS' COMPENSATION PROGRAMS
PO BOX 6300
LONDON KY 40742-6300
Phone: (312) 596-7157

February 4, 2004

Date of Injury: 08/01/2001
Employee: Cynthia Benson

Midland Orthopedic Associates
Attn: Dr. Jay Brooker
9831 S. Western Avenue
Chicago, IL 60648

Dear Sir/Madam:

I am writing about the claim for benefits under the Federal Employees' Compensation Act (FECA) filed by your patient for a work-related injury or illness. We have accepted the claim for bilateral carpal tunnel syndrome. Our records show that you have treated or examined this patient for the accepted condition(s).

A further issue of entitlement has arisen. We have been notified that the claimant is engaged in an outside business that requires her to be on her feet and use her hands carrying objects that may be heavier than indicated in her restrictions given by you, but has been limited on the amount of hours she can work in her Federal employment. In order to resolve it, we now need your findings and medical opinion.

Please provide a detailed narrative medical report in which you fully respond to all of the questions below and provide medical reasons for all opinions you state.

A description of the current objective findings and diagnoses, including the appropriate ICD-9 diagnosis codes.

An opinion, with medical reasons for the opinion, regarding causal relationship of the claimant's condition to the accepted work injury or disease.

A description of the current treatment plan.

The claimant's employer can readily accommodate medical restrictions up to 8 hours including assignments of the injured worker into an alternative work location.

Please complete the form OWCP-5c form indicating what limitations does the claimant have based on an 8 hour workday. If the claimant can not work 8 hours please provide medical rationale that is objective as to why the claimant is not able to work 8 hours.

Your fee for a report which fully answers the questions will be paid by this Office. The standard AMA approved billing form, HCFA-1500, should be used for this purpose. Please attach it to your original report and submit both directly to us.

File Number: 102007312
MEDDEV-O-TR

Thank you for your assistance. Your full reply within 30 days would be very much appreciated.
If you have any questions regarding this request, please contact me.

Sincerely,



Marie Oliver
Claims Examiner

Enclosures: OWCP-8c

✓ CYNTHIA DIANE BENSON
7337 S SHORE DR
CHGO, IL 60649

US POSTAL SERVICE
CHICAGO - SOUTH SUBURBAN MSC
INJURY COMPENSATION UNIT
6801 WEST 73RD STREET
BEDFORD PARK, IL 60499

Work Capacity Evaluation Musculoskeletal Conditions

Employment Standards
Office of Workers' Compensation Programs

Injured Worker's Name (First, middle, last)
Cynthia Benson

OWCP No.
102007312

OMB No. 1215-0103
Expires: 08-31-2005

Please answer the questions below concerning your patient (named above) for whom the Office of Workers' Compensation Programs (OWCP) has accepted the following conditions: **bilateral carpal tunnel syndrome**

1a. Is the worker capable of performing his/her usual job? ☐ Yes ☒ No. If no, please explain.

Many employers can readily accommodate medical restrictions including assignment of the injured worker into an alternative work location.

b. If the claimant is unable to perform his/her usual job, is the claimant able to work for 8 hours per workday with restrictions? ☒ Yes ☐ No. If no, please provide medical reasons to support your opinion.

c. If less than 8 hour per workday, how many can he/she work?

d. Do you anticipate an increase in the number of hours this person will be able to work? ☐ Yes ☒ No

e. If yes, when will this person achieve an 8 hour workday? If no, please provide medical reasons to support your opinion.

f. How long will the restrictions apply? Indefinite

g. Has maximum medical improvement been reached? ☐ Yes ☒ No.

2. Please indicate whether this person has any LIMITATION in the activity listed and how many hours this person can perform each activity. If there are limitations in lifting, pulling and/or pushing, please provide the maximum number of pounds that can be handled by this person.

Activity	Limitation	# of Hours Able to Work	Activity	Limitation	# of Hours Able to Work	Lbs.
Sitting	Yes	8	Repetitive Movements:			
Walking	Yes	8	Wrists	<input checked="" type="checkbox"/> Yes	1-2	
Standing	Yes	8	Elbow	<input checked="" type="checkbox"/> Yes	1-2	
Reaching	Yes	2	Pushing	<input checked="" type="checkbox"/> Yes	1	
Reaching above Shoulder	<input checked="" type="checkbox"/> Yes	2	Pulling	<input checked="" type="checkbox"/> Yes	1	
Twisting	Yes	8	Lifting	<input checked="" type="checkbox"/> Yes	1 hr	10 lbs
Bending/Stooping	Yes	8	Squatting	Yes	8	
Operating Motor Vehicle at work	Yes	8	Kneeling	Yes	8	
Operating a Motor Vehicle off from work	Yes	8	Climbing	Yes	8	
			Breaks:			
			Duration		Frequency	
			Duration		Frequency	

3. Are there OTHER medical facts, situational factors, equipment or devices which need to be considered in the identification of a position for this person? If so, please explain.

Patent has Cleveland epicondylar as of 10-10-07

4. Physician's Name (Type or print)

J. Benson

5. Telephone

773 232 7743

6. Signature

[Signature]

7. Date

2/15/07

The information requested will assist OWCP in determining eligibility to benefits and is required to obtain or retain a benefit. (5 USC 55101 et seq.)

Public Burden Statement

We estimate that it will take an average of 15 minutes per response to complete this information collection including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Office of Workers' Compensation Programs, U.S. Department of Labor, Room S-3229, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

DO NOT SEND THE COMPLETED FORM TO THE OFFICE SHOWN ABOVE.

Patient Name: Cynthia Benson Account Number: 56631
 Patient Birthdate: 09/30/64

8

FEBRUARY 12, 2004

If you refer to the notes from 8/05/03. Essentially the patient has been developing symptoms of numbness and tingling in the 4th and 5th digits despite modifications in her activity to protect her carpal tunnel. These modifications have been implemented. She has only been working 4 hour days but initially they had modified her duty and now they still have her doing repetitive keyboarding, repetitive throwing, repetitive lifting or repetitive grasping. As long as she continues to do this her symptoms will continue to be exacerbated. The reason that she is developing epicondylitis and ulnar nerve entrapment symptoms has to do with the fact that the patient now to spare her symptoms in her wrist is modifying the way that she is using her hand to involve repetitive movements involving the elbow and resting her elbow upon the table in order to avoid excessive motion of the wrist.

Unfortunately when she does this, it does create excessive friction at the ulnar nerve and is creating a neuropathy at this point as well. If she had a continuous modification of her duty to a window job where she is not doing repetitive throwing and keyboard entry, she would be able to perform full time duty. If she is shifted to full time duty in her previous occupation, she will very quickly end up with worsening of her symptoms the requirement of surgery. The best way to have her produce a full-time employment would be to have her modify her activities completely and permanently. This involves no repetitive throwing, no repetitive lifting, no lifting over 10 pounds and very limited data entry to about 10 to 15% of her employment time.

Please also review the time period of 12/27/03 to 1/23/04. She has never been instructed to work more than 4 hour days at this point and therefore due to the fact that her employment is greater than 4 hour days, she has never had this duty modified thus far unless you are able to make these permanent modifications and thus if she is working under my recommendations of working 1/2 day, she should not be penalized for doing so.

Jay M. Brooker, M.D.
 signature mechanically affixed

JMB/ch

cc: Department of Labor, Dale Schultz



Med Update and 2499x Request

April 15, 2004

Plant Manager/Postmaster
MATTESON 80443-8898

SUBJECT: CYNTHIA BENSON DISTRIBUTION CLERK
DATE OF INJURY: 08/01/2001 OWCP #: 102007312

The above reference employee has been identified as having restrictions related to a compensable injury. The latest medical documentation we have of record is dated 02/15/2004. However, this medical evidence does not provide for work modifications beyond 03/15/2004.

Please provide the following information:


- Is the employee still working limited duty?
- Provide medical documentation that supports continued restrictions beyond 03/15/2004.
- If continued restrictions, complete the attached PS Form 2499x and return to ICCO.
- If employee has returned to full duty, please provide date when released?
- Provide the medical documentation that supports a release to full duty.

In order to properly document the work activities of all employees, it is critical that management insures proper use of operation codes for productive and non-productive tasks performed throughout the day. Management assigning the task must ensure the employee is placed in an assignment that promotes improving the work capacity level of the injured employee within their medical limitation, while at the same time, the assignment should add value to the operation's overall performance.

Please submit the above information by **C.O.B. April 25, 2004**. Should you have any questions, please contact our office at 708-563-7478.

Dale C. Schultz
Injury Compensation Specialist

cc: CYNTHIA BENSON
PO BOX 802913
CHICAGO, IL 60680-2913

 Fiscal Agent Services
PO Box 8300
London, KY 40742



U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

April 27, 2004

CYNTHIA D BENSON
7337 S SHORE DR
CHGO IL 60649

CLAIMANT NAME: CYNTHIA D BENSON
CLAIMANT ID: 102007312 01
AUTHORIZATION NUMBER: 000000411818500

The request for authorization for 04/26/04 to 06/24/04 has been reviewed and authorized as follows:

95861 MUSCLE TEST, TWO LIMBS 1 UNITS, \$ 0.00

The service that is requested is payable for the condition accepted by OWCP. It is your responsibility to ensure you have the correct ICD9 code from the claimant for their accepted condition when you bill for the service.

In the event that there are any changes to the authorization (i.e., date of service, provider or procedure), please contact our office to avoid any delays in the processing of your bills. If you have any questions, please contact us at 866-335-8319.

Sincerely,
ACS Prior Authorizations Department

11024 Southwest Highway
Palo Alto, Illinois 60442
(708) 881-0400
Fax: (708) 881-0400

NEUROLOGIC ASSOCIATES, LTD.

Michael R. Schwartz, M.D.
Mehmet S. Wozniak, M.D.
Abd M. Ali, M.D.
Arthur S. Ali, M.D.
Robert M. Wozniak, M.D.
Patricia M. Wozniak, D.O.
Specialists Limited to Neurology

Dr. Brooker
9717 S. Western Ave.
Chicago, IL 60643

NAME: BENSON, CYNTHIA
DATE OF BIRTH: 9/30/1964

SEX: F
EXAMINATION DATE: May 7, 2004

PROCEDURE: EMG

CLINICAL HISTORY:

39 year old female complaining of aching around the elbows. Also has neck pain radiating towards the right shoulder.

On exam, deep tendon reflexes were 1+ and symmetrical. Motor strength in the muscles of right upper extremity including those innervated by ulnar nerve are within normal limits.

FINDINGS:

Right ulnar nerve distal motor latency, motor conduction velocities and compound muscle action potentials on stimulation at the wrist below and above elbow are within normal limits. Right ulnar nerve sensory response is unremarkable.

Needle EMG recordings of right upper extremity and related paraspinals did not reveal active denervation or abnormalities of voluntary motor unit action potentials.

IMPRESSION:

There is no electrophysiological evidence of right ulnar neuropathy at the wrist or elbow.
There is no evidence of right cervical motor radiculopathy in the muscles tested.

M. Ali
Abd M. Ali, M.D.

AMA/gh

05/22/2007 11:10 FAX

J010/028

Patient Name: Cynthia Benson Account Number: 56631
 Patient Birthdate: 09/30/64

9

Advocate Medical Record Number:
 Primary Doctor:

MAY 11, 2004

Cynthia Benson is here in follow-up for her EMG which actually reveals not reveal any nerve root impingement to speak of. Perhaps with her repetitive keyboarding and repetitive twisting and turning, she is developing nerve entrapment in the cervical spine region. She does have pain involving the base of the neck radiating toward the shoulder, with occasional numbness and tingling in the 4th and 5th digits that may yet to be explained. This may involve a C-8 or T-1 radiculopathy and it will be best defined with an MRI of the neck at this point.

I am going to send her for that to see if there is any other treatment that can be helpful such as epidural injection.

We will see her back after the MRI is done.

Jay M. Brooker, M.D.
 signature mechanically affixed

JMB/ch
 cc: Department of Labor, Dale Schultz

JUNE 2, 2004

Cynthia Benson is here in follow-up for her neck. The MRI does reveal that at C5-6 that there is some protrusion of disk that is protruding posterolaterally on the right and left side. Predominantly it is affecting her right side and prior to any consideration of injections, we are going to send her for some therapy to see if that is going to be helpful for modalities and gentle traction and stretching and strengthening the should use a headset for the telephone instead of tilting her head toward the telephone, otherwise she can continue the same restrictions.

I will see her back in a few weeks to assess her progress.

She should only be working 3 to 4 days a week. She can work 8 hours a day with restrictions involving no greater than 10 pounds of lifting, no repetitive overhead use and no repetitive activities of any kind with the right arm.

As I stated earlier, she should not be doing any repetitive twisting or turning with the neck and should avoid tilting her head to the telephone.

I will check her back in a few weeks to assess her progress.

Jay M. Brooker, M.D.
 signature mechanically affixed

JMB/ch
 cc: Department of Labor, Dale Schultz

MIDLAND ORTHOPEDIC ASSOCIATES, S.C.
 Chicago, IL

GERALD F. LOFTUS, M.D.
JOHN D. SONNENBERG, M.D.
D. DIRK NELSON, M.D.
MICHAEL G. MADAY, M.D.
STEPHEN V. PERNS, D.R.M.
MICHAEL C. MORAN, M.D.
WILLIAM A. HELLER, M.D.
JAY M. BROOKER, M.D.
MICHELLE A. JAWORSKI, M.D.

MIDLAND

A Member of Combined
Orthopaedic
SPECIALISTS

☐ 2850 S. WABASH SUITE 100
CHICAGO, IL 60616
812/848-4800

☐ 5733 S. MERRION LANE
HOMETOWN, IL 60438
708/426-1180

☐ 5201 S. WILLOW SPRINGS RD., #340
LA GRANGE, IL 60525
708/482-7797

☐ 5717 S. WESTERN AVE
CHICAGO, IL 60648
773/233-8485

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	9920		LONG ARM	29065		ASPIRATION SMALL-RL	20800	
EMERGENCY	99058		SHORT ARM	29075		ASPIRATION MEDIUM-RL	20805	
OFFICE VISIT (Established)			LONG LEG	29385		ASPIRATION LARGE-RL	20610	
LEVEL	9921		SHORT LEG	29425		TRIGGER POINT-RL	20550	
COMPLICATING	(9921)-34		PLASTER(ROLLS)	A4590		CHESTONE CC	J0714	
SURGICAL FOLLOW-UP	99024		FIBERGLASS(ROLLS)	A4590		KENLOG CC	J3801	
CONSULTATIONS DR.			UNNA BOOT	29590		DEBRIDEMENT	11040	
LEVEL	9924		FINGER SPLINT	29130		PIN REMOVAL	20670	
SECOND OPINION (NEW)			ELASTIC	50280		EX FIX REMOVAL	20480	
LEVEL	9927		REMOVAL CAST	29705		X-RAY CONSULTATION	76140	
IME	95468		WINDOW CAST	29730		SPECIAL REPORTS	99460	
CASE MANAGEMENT			WEDGE CAST	29770		EDUCATIONAL	99071	
WITH PATIENT	99544		MINOR SURGERY			MEDICAL TESTIMONY	99075	
W/O PATIENT	99568					FRACTURE CARE		
PHONE	9957					OTHER		
						SUPPLIES		

DIAGNOSIS: ()

DATE OF INJURY FIRST CONSULT

RETURN TO WORK:

() NOT YET ESTIMATED RETURN

() LIGHT DUTY ONLY AS OF

RESTRICTIONS: Men work 3-4days on Project to 10/1/04W/ Variedly by station & positionNO lifting over 15 lbswith (2) dominant armPDC-LEVEL 1 () AS OF 10/1/04() REGULAR DUTY; NO RESTRICTIONS AS OF 10/1/04

SURGERY: () SD () ES () AM DATE:

OPERATION:

() BRG () CLR () EPT

ANESTHESIA: TESTING:

X DOCTOR'S SIGNATURE

(I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND
I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

X [Signature] DATE 5/11/04

PATIENT INFORMATION

Waited for CMC

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX: M F	PRIOR BALANCE
05/11/04	10:00	STIBA, CYNTHIA BENSON	F	79.00
OFFICE NO.	DOCTOR	LOCATION	TODAY'S CHARGES	
482574 JMB		BEVERLY OFFICE		
ACCT NO.	RESPONSIBLE PARTY	PHONE NO.	TODAY'S PAYMENT	
35531	CYNTHIA	773 / 375-1933		
RECAP: .00	OVER 50 .00	OVER 50 .00	CURRENT .00	BALANCE DUE
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
DOL	618343758/	W P		
FROM DATE:	THRU DATE:	DIAGNOSIS:		
COPY #				

1/13/08

-U.S. MAIL- OR BY AIR MAIL- ONLY -



John D. Sonnenberg, MD
D. Dirk Nelson, MD
Michael G. Maday, MD
William A. Heller, MD
Stephen V. Ferns, DPM
Michael C. Mann, MD
Jay M. Brooker, MD
Michelle A. Jaworski, MD
Gerald P. Lafuze, MD
(continued)

Reconstructive Orthopedics
Fracture Management
Sports Medicine
Arthroscopy
Hand Surgery
Foot/Ankle Disorders

FACSIMILE TRANSMITTAL SHEET

TO: Cynthia Benson FROM: ADRIENNE
COMPANY: _____ DATE: _____
FAX NUMBER: 708-748-4860 TOTAL NO. OF PAGES: 8
PHONE NUMBER: _____ RE: CMG Results

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

2850 S. Wabash
Suite 100
Chicago, Illinois 60616
(312) 842-4600
Fax (312) 842-8690

8735 S. Marion Lane
Homewood, Illinois 60436
(708) 425-1150
Fax (708) 425-9454

9851 S. Western Ave.
2nd Floor
Chicago, Illinois 60643
(773) 239-5494
Fax (773) 298-0284

5201 S. Willow Springs Rd.
Suite 340
LaGrange, Illinois 60525
(708) 482-7767
Fax (708) 482-7988

Visit us on the web: www.midlandortho.com • E-mail: info@midlandortho.com

CONFIDENTIAL FACSIMILE

THIS FACSIMILE CONTAINS INDIVIDUALLY IDENTIFIABLE PATIENT HEALTH INFORMATION. THE USE AND DISCLOSURE OF INFORMATION CONTAINED IN THIS FAX IS RESTRICTED BY THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 AND IS PROTECTED UNDER THE PRIVACY ACT OF 1974. IT IS INTENDED FOR THE USE OF THE ADDRESSEE(S) IDENTIFIED ABOVE. THIS FAXED MATERIAL MUST BE DESTROYED APPROPRIATELY WHEN ITS USE IS NO LONGER REQUIRED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT(S) OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE ATTACHED INFORMATION TO THE INTENDED RECIPIENT(S), PLEASE NOTE THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. ANYONE WHO RECEIVES THIS COMMUNICATION IN ERROR SHOULD NOTIFY MIDLAND ORTHOPEDIC IMMEDIATELY AND RETURN THE ORIGINAL MESSAGE TO THE ADDRESS ON THIS COVER SHEET VIA U.S. MAIL.

RD/12/4

NEUROLOGIC ASSOCIATES, LTD.

1184 Southwest Highway
Palo Alto, CA 94304

(781) 891-0888
Fax (781) 891-4400

Michael R. Schwartz, M.D.
Steven B. Weber, M.D.
Abdul M. Ali, M.D.
Arthur S. Kim, M.D.
Nasser M. Khan, M.D.
Fouad M. Charafalla, D.O.
Practice Limited to Neurology

Dr. Brooker
9831 S. Western Ave.
Chicago, IL 60643

NAME: BENSON, CYNTHIA
DATE OF BIRTH: 9/30/1964

SEX: F
EXAMINATION DATE: May 15, 2003

PROCEDURE: EMG

CLINICAL HISTORY:

38 year old female complaining of tingling sensation involving both hands, right more than the left. No significant neck pain.

On exam, muscle strength was unremarkable and deep tendon reflexes were 1+ and symmetrical.

FINDINGS:

Bilateral median nerves distal motor latencies, compound muscle action potentials and motor conduction velocities are within normal limits. Right median antidromic peak sensory latency at 13 cms. is borderline prolonged at 3.52 milliseconds (normal less than or equal to 3.50 milliseconds). Right median palmar peak sensory latency is also mildly prolonged as compared to ipsilateral ulnar palmar peak latency. Left median sensory responses at 13 and 5 cms. are unremarkable. Right ulnar nerve motor and sensory conduction are within normal limits.

Needle EMG recordings of selected muscles of upper extremities did not reveal active denervation.

IMPRESSION:

Very mild compression of right median nerve at the wrist involving sensory fibers. (Right carpal tunnel syndrome).

Abdul M. Ali

Abdul M. Ali, M.D.

AMA/gjh

NEUROLOGIC ASSOCIATES, LTD.
11824 SOUTHWEST HIGHWAY
PALOS HEIGHTS, IL 60463

Name

BENSON, CYNTHIA

Physician

DiBrooke S15703

Ref. No.

Date

Left Hand	Muscle	Innervation	EMG		Spontaneous Activity		Voluntary Activity			
			Positive	Negative	Intermittent	Continuous	Discrete	Voluntary	Voluntary	Voluntary
	Palmaris Longus	C5-C7								
	Trapezius	C5-C7								
	Rhomboid	C5								
	Supraspinatus	C5-C6								
	Infraspinatus	C5-C6								
	Deltoid	C5-C6								
	Biceps	C5-C6								
	Brachioradialis	C5-C6								
	Pectoralis Major (clav)	C5-C6-C7								
	Serratus Anterior	C5-C6-C7								
	Propator Teres	C5-C7								
Ext.	Carpi Radialis	C6-C7	-	-						
Flex.	Carpi Radialis	C6-C7-C8	-	-						
	Latissimus Dorsi	C6-C7-C8								
Ext.	Triceps (lat. head)	C6-C7-C8	-	-						
	Flex. Carpi Ulnaris	C7-C8								
	Triceps (long head)	C7-C8								
	Ext. Carpi Ulnaris	C7-C8								
	Pectoralis Major (stern)	C7-C8-T1								
	Abd. Digiti Quinti	C8-T1								
	First Di	C8-T1								
	Opponens Pollicis	C8-T1								

ADDITIONAL OBSERVATIONS:

Page 4

JUL-29-2003 TUE 09:04AM IDI

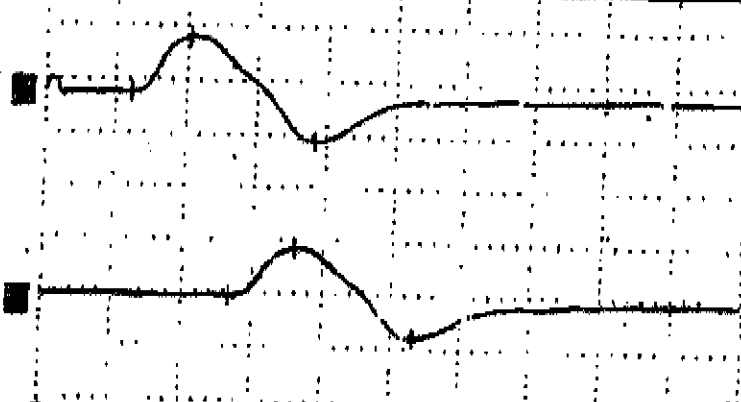
NEURO ABSDO

NCV1

R Median

15 May '03 14:32

LT	INCY	AMP	DIST.	NCV	V-RANGE
A1	3.56ms	10.3mV	250mm	57.9m/s	(div)
B1	7.98ms	9.50mV			10.0mV
					10.0mV



Patient: BENSON, CYNTHIA
Nerve:

Sex: F
Side:

ANALYSIS 30ms

Age: 38 ID: N0:09/30/64 Dr.: BROOKER
Stim A: 10.6mA B: 10.6mA C: D:

NEURO ABSDO

NCV1

R Median

15 May '03 14:33

LT	INCY	AMP	DIST.	NCV	V-RANGE
A1	2.64ms	9.17mV	255mm	60.7m/s	(div)
B1	6.84ms	8.33mV	100mm	69.4m/s	10.0mV
C1	8.28ms	9.83mV			10.0mV



Patient: BENSON, CYNTHIA
Nerve:

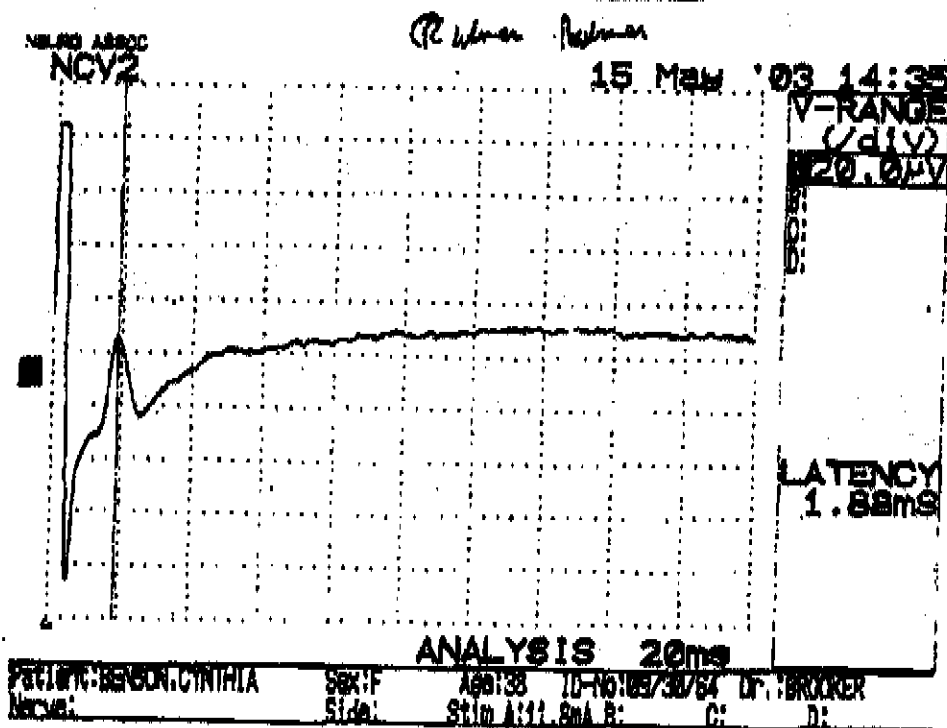
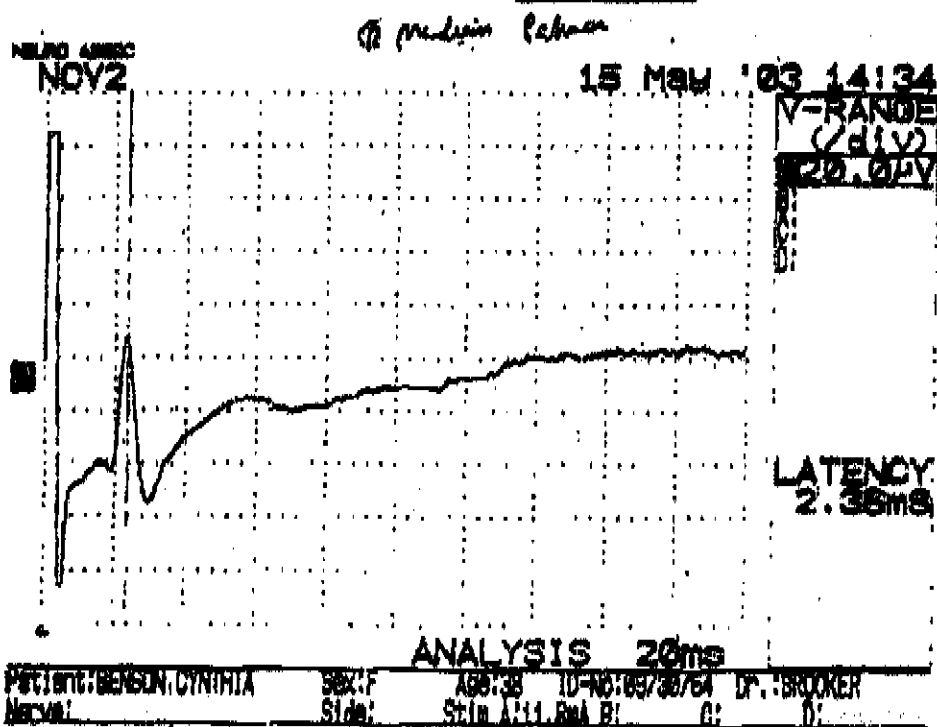
Sex: F
Side:

ANALYSIS 30ms

Age: 38 ID: N0:09/30/64 Dr.: BROOKER
Stim A: 10.6mA B: 10.6mA C: 22.8mA D:

PAGE 15

11-24-2007 11:55:00 AM



NEURO ASSIST

NOV2

R. M. M. M.

15 MAR '03

14:35

LINCY	AMP	DIST.	NCV	V-RANGE
A1	2.76ms	55.7mV	S-A1	130mV
			A1-B1	47.1mV
				20.0mV



ANALYSIS 20ms

PATIENT: BENSON, CYNTHIA SEX: F AGE: 38 ID: 10/05/30/64 DR: BROOKER
 Nerve: Side: Stim A: 1.8mA B: C: D:

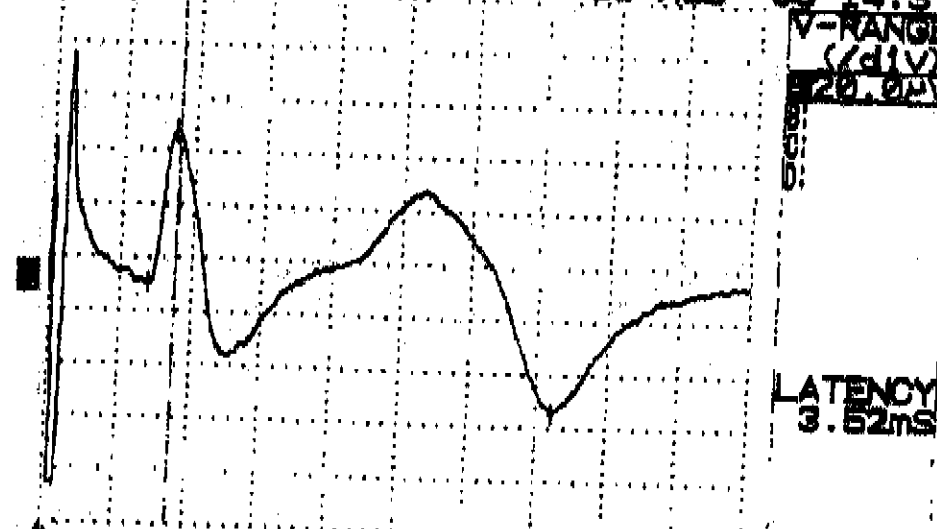
NEURO ASSIST

NOV2

R. M. M. M.

15 MAR '03

14:37

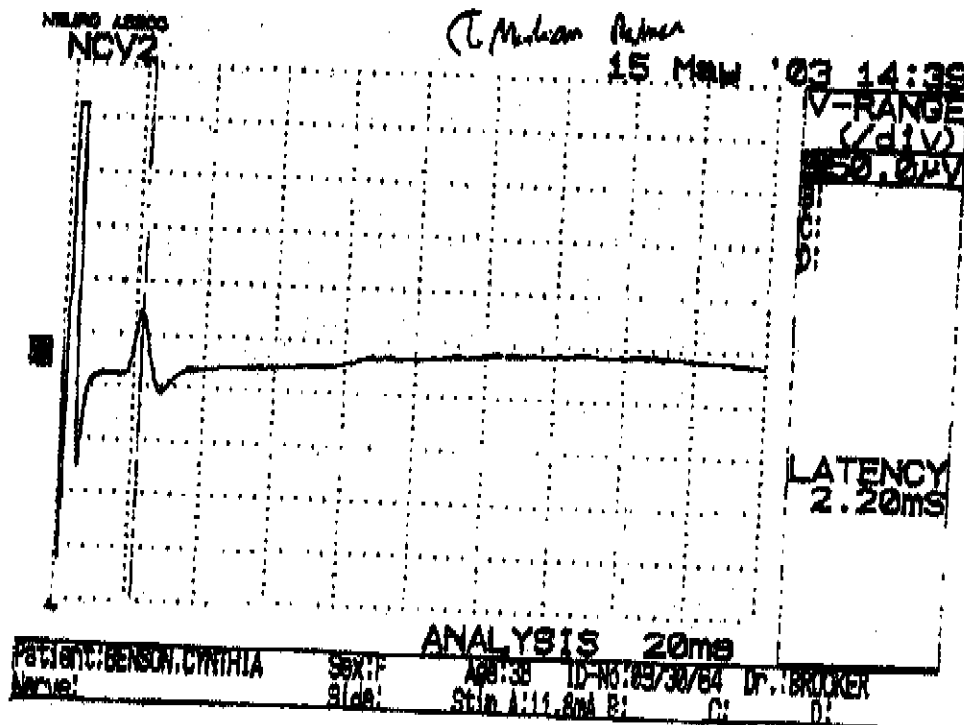
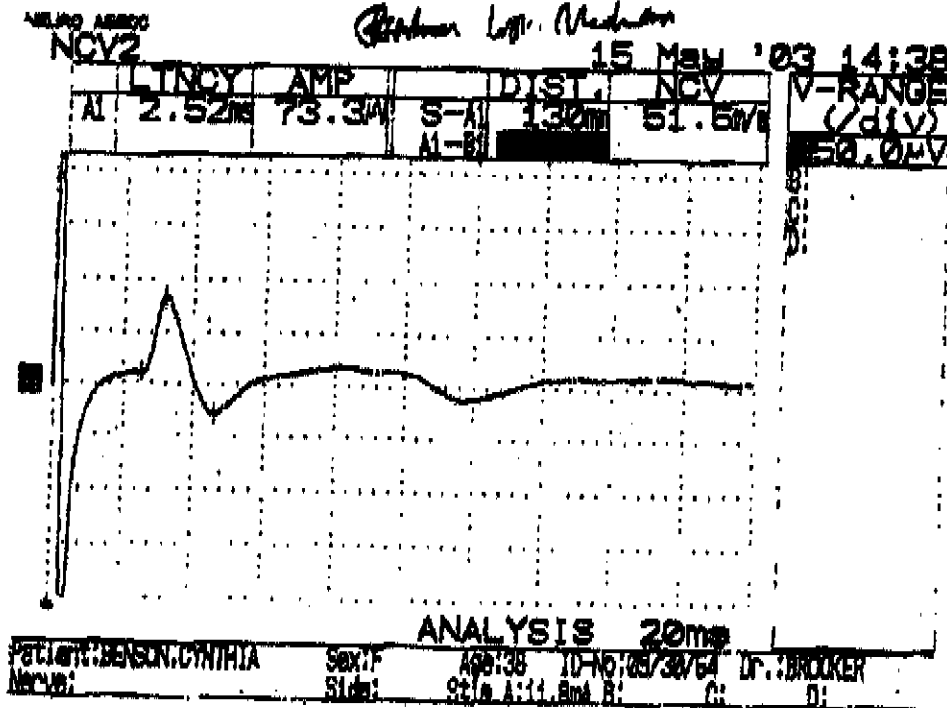


V-RANGE
 (mV)
 20.0mV

LATENCY
 3.52ms

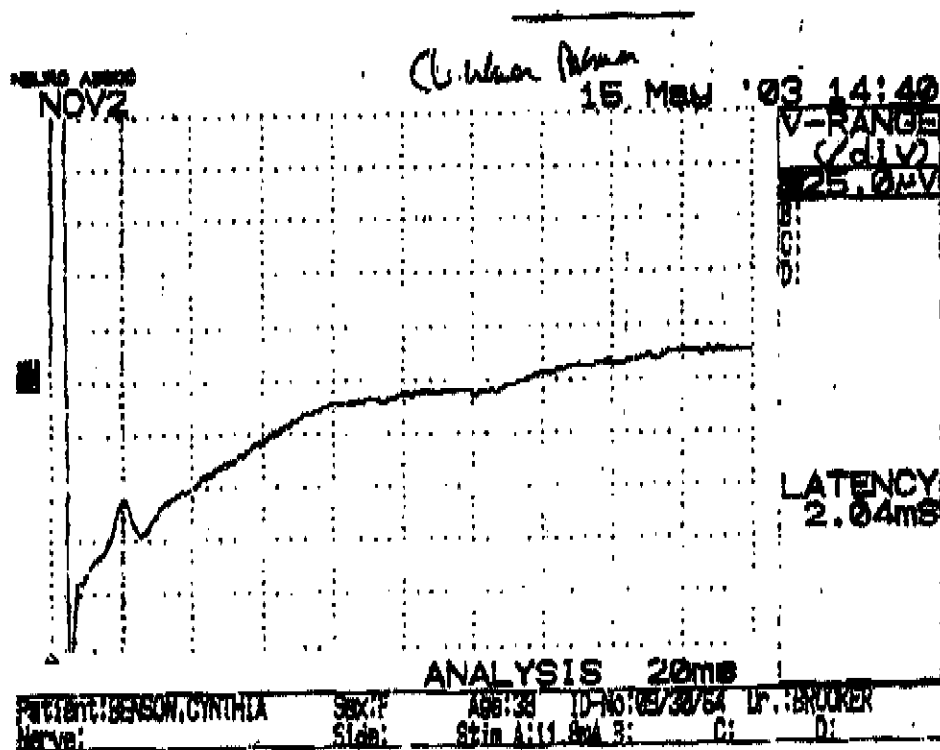
ANALYSIS 20ms

PATIENT: BENSON, CYNTHIA SEX: F AGE: 38 ID: 10/05/30/64 DR: BROOKER
 Nerve: Side: Stim A: 1.8mA B: C: D:



NEURO AB000

01/04/2008 14:40:00



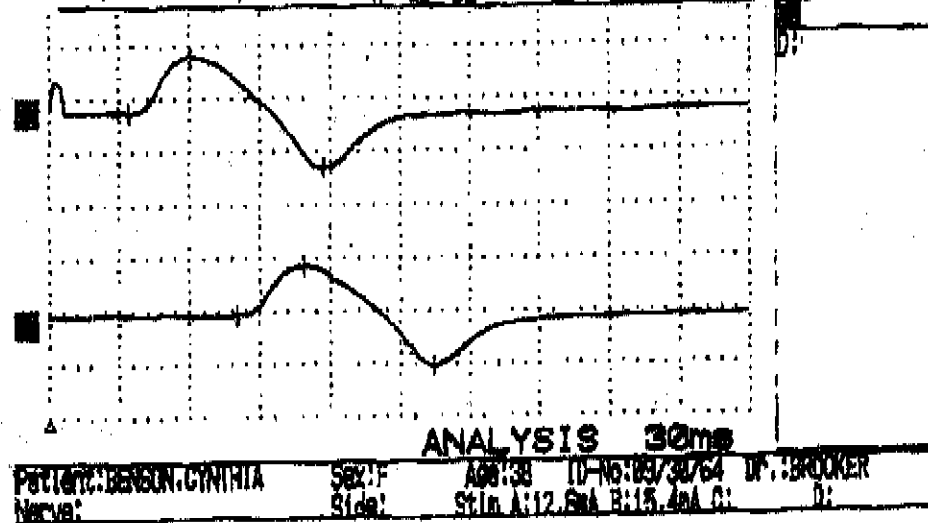
NEURO AB000

C. Median

15 May '03 14:41

NOV1

	LATENCY	AMP	DIST.	NCV	V-RANGE
A1	3.42ms	8.53mV	A1-B1 245mm	53.0m/s	(/div)
B1	8.04ms	7.47mV	B1-C1		8.00mV
			C1-D1		8.00mV





High Tech Medical Park
11800 Southwest Highway
Palos Heights, IL, 60463

Doctor 1 : CURRIE, LAVERNE
Doctor 2 :
Doctor 3 :
Consulting Dr :

Procedure
MRI OPEN CERVICAL SPINE WO CON

Procedure Date / Time
5/19/04 4:00:00 PM

Accession
MR-04-0018468

CPT 4 Codes
72141

Procedure Open MRI of the cervical spine without contrast

Clinical Data: Cervical radiculopathy

Technique: Post-infusion T1 weighted sagittal and axial sequences were obtained.

Findings: There are no significant findings at C2-C3 or C3-C4.

At C4-C5, there is demonstration of tiny focal posterocentral disc protrusion. This effaces the ventral subarachnoid space but does not compromise the ventral cervical cord. There is no substantial canal or foraminal narrowing at the C4-C5 level.

At C5-C6 there is mild posterior disc protrusion, eccentrically more prominent posterolaterally on both the right and left sides. The posterolateral disc protrusions are accompanied by small endplate osteophytes. There is a mildly narrowed central spinal canal at this level. Also mildly narrowed are the bilateral C5-C6 anterolateral recesses. There is no substantial bony narrowing of the C5-C6 intervertebral foramina.

Sagittal sequences demonstrate minimal left-sided posterolateral disc protrusion at C7-T1. This does not contribute to any significant degree of anterolateral recess or left-sided neural foraminal inlet narrowing.

The cervical cord is normal in appearance.

IMPRESSION:

1. Tiny posterocentral disc protrusion at C4-C5.
2. C5-C6 posterior spondylosis with no greater than mild central spinal canal stenosis.
3. Tiny left posterolateral focal disc protrusion at C7-T1 with no substantial anterolateral recess narrowing.

Send To:

Pt Name : BENSON, CYNTHIA
Pt Phone : (773) 375-1933
Ord Dr : CURRIE, LAVERNE
MR # : HTI-000457365
DOB : 9/30/64

Sex : FEMALE
Age : 39 Years
Svc : HTMOP
Billing # :
20040519000457365

Procedure
MRI OPEN CERVICAL SPINE WO CON

Procedure Date / Time
5/19/04 4:00:00 PM

Accession
MR-04-0018468

jsf 5/20/2004 1:53 PM

jsf

*** FINAL ***

Transcribed by: JSF 05/20/04 1:53

Dictated By: BUDRIS, DEBORAH M. M.D.
Approved By: DEBORAH M. BUDRIS M.D. 05/20/04 4:38

Pt Name : BENSON, CYNTHIA
MR # : HT7-000457365

Svc : HTMOP

CENTRAL ILLINOIS DISTRICT
INJURY COMPENSATION CONTROL OFFICE



June 4, 2004

Certified #7003 0500 0001 9012 2835
And Regular Mail

Cynthia D. Benson
P O Box 802913
Chicago IL 60680-2913

Dear Ms. Benson:

Please be advised that you have been scheduled for a Fitness for Duty Examination with Dr. John Fernandez, Orthopedic hand specialist, at 1725 W Harrison Suite 1042, Chicago, IL., on Tuesday, June 29, 2004 at 8:45 a.m. His telephone number is 312-243-4244 for driving directions.

The purpose of this examination is to determine your fitness to perform the duties of a Distribution/Window Clerk. If you cannot appear for the scheduled appointment, please call Dale Schultz at (708) 563-7478 as soon as possible but at least 24 business hours in advance of your scheduled appointment, so another appointment can be made.

When reporting for the scheduled examination, you have the right to present any information to the examining physician, which is relevant to your current medical status. However, all information should be in writing and conclusive in nature. Also, on receipt of this letter telephone the physician's office to confirm the appointment and to obtain instructions related to the examination and to present any necessary test results; such as MRI, EMG/NEC, X-rays, etc. If necessary, an EMG/NCS study will be performed at Dr. Fernandez's request.

This is an official request. Please be advised that you will be expected to cooperate and sign all medical forms required by said medical facility and as required by law. Note: If an employee refuses to submit himself or herself for examination or in any way obstructs any examination required, their right to compensation shall be suspended. Also, refusal to cooperate or to report for examination without acceptable reason is just cause of disciplinary action. Repeated refusal is grounds for separation.

Sincerely,

A handwritten signature in cursive script, appearing to read "Dale C. Schultz".

Dale C. Schultz
Injury Compensation Specialist

cc: Postmaster, Matteson

GERALD P. LOFTUS, M.D.
 JOHN D. SONNENBERG, M.D.
 D. DIRK NELSON, M.D.
 MICHAEL G. MADAY, M.D.
 STEPHEN V. PERNS, D.R.M.
 MICHAEL G. MORAN, M.D.
 WILLIAM A. HELLER, M.D.
 JAY M. BROOKER, M.D.
 MICHELLE A. JAWORSKI, M.D.



A Division of Combined
Orthopaedic
 SPECIALISTS P.C.

☐ 2550 S. WABASH SUITE 100
 CHICAGO, IL 60616
 312/442-4800

☐ 5755 S. MERRICK LANE
 HOMERIDGE, IL 60438
 708/425-1150

☐ 5201 S. WILLOW SPRINGS RD., #540
 LA GRANGE, IL 60525
 708/482-7767

☐ 3717 N. WESTERN AVE.
 CHICAGO, IL 60641
 773/239-8485

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	9901		LONG ARM	29005		ASPIRATION SMALL-RL	20000	
EMERGENCY	99003		SHORT ARM	29075		ASPIRATION MEDIUM-RL	20805	
LEVEL	9921		LONG LEG	29085		ASPIRATION LARGE-RL	20810	
COMPLICATING (9921) - 24			SHORT LEG	29485		TRIGGER POINT-RL	20580	
SURGICAL FOLLOW-UP	99024		PLASTER (ROLLS)	A4580		CELESTONE	00	J0704
			FIBERGLASS (ROLLS)	A4600		KENELOG	00	J8901
REMOVAL/DR.			UNNA BOOT	29550		DEBRIDEMENT	41040	
LEVEL	9984		FINGER SPLINT	29130		PIN REMOVAL	20870	
REMOVAL/DR.			ELASTICS	20880		EX FIX REMOVAL	20880	
LEVEL	9987		REMOVAL CAST	29705		X-RAY CONSULTATION	78140	
IME	90450		WINDOW CAST	29730		SPECIAL REPORTS	98090	
WITH PATIENT	90354		WEDGE CAST	29770		EDUCATIONAL	98071	
W/O PATIENT	90358					MEDICAL TESTIMONY	98076	
PHONE	90357							
						FRACTURE CARE		
						OTHER SUPPLIES		

DIAGNOSIS: () CARPAL TUNNEL SYNDROME

DATE OF INJURY: _____ FIRST CONSULT: _____

RETURN TO WORK: _____

() NOT YET ESTIMATED RETURN

() LIGHT DUTY ONLY AS OF _____

RESTRICTIONS: _____

Include some duty
But if possible, do the work
patient needs to do the job
physical, manual work. No lifting

PDC-LEVEL _____ MMI AS OF _____

() REGULAR DUTY NO RESTRICTIONS AS OF _____

NEXT APPOINTMENT: _____

DATE: 1-14

DAY: _____

TIME: 2:00

AS NEEDED

SURGERY: () SD () JS () AM DATE: _____

OPERATION: _____

ANESTHESIA: _____

TESTING: _____

DOCTOR'S SIGNATURE

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

DATE: _____

PATIENT INFORMATION

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX	MR OR BALANCE
05/02/04	2:30P	CYNTHIA	F	79.00
CHRG. SLIP NO.	DOCTOR	REASON	LOCATION	TODAY'S CHARGES
487573-IMP				
ACCT. NO.	RESPONSIBLE PARTY	RECEIVED BY	OFFICE	TODAY'S PAYMENT
56631	CYNTHIA	773 / 375-1933		
RECAP:	OVER 90	OVER 90	OVER 90	BALANCE DUE
00	00	00	00	
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
00	00			
FROM DATE:	THRU DATE:	DIAGNOSIS:		



John D. Sonnenberg, MD
D. Dirk Nelson, MD
Michael G. Maday, MD
William A. Haller, MD
Stephen V. Perna, DPM
Michael C. Moran, MD
Jay M. Brooker, MD
Michelle A. Jaworski, MD
Gerald R. Lafusa, MD
(amirius)

Reconstructive Orthopedics
Fracture Management
Sports Medicine
Arthroscopy
Hand Surgery
Foot/Ankle Disorders

June 17, 2004

Dear Ms. Kimble,

This letter is to update you on the condition of Cynthia D. Benson, who was diagnosed with bilateral Carpal Tunnel Syndrome. As a result from her recent MRI test, it is concluded that her Carpal Tunnel Syndrome has progressed into her neck region, creating an aggravated bulging disc.

Ms. Benson is on light duty (three day, maximum 8 hours per day work week. She is also restricted from heavy lifting (11 lbs. and over), bending, overhead reaching/pulling, pushing and repetitive motion with her hands and arms.). Furthermore, I also recommend that she use a headset for telephone use.

If you have any questions, please feel free to contact me.

Sincerely,

Jay M. Brooker, M.D.
JMB/amo

2850 S. Wabash
Suite 100
Chicago, Illinois 60616
(312) 842-4600
Fax (312) 842-8690

8755 S. Meridian Lane
Hametown, Illinois 60456
(708) 425-1150
Fax (708) 425-9454

5201 S. Willow Springs Rd.
Suite 340
LaGrange, Illinois 60525
(708) 482-7767
Fax (708) 482-7988

W107681 UNIMPEDICS

001/012

Midwest Orthopaedics

1725 W. Harrison Street
Suite 1042
Chicago, IL 60612
312-243-4244

Facsimile Cover Sheet

Date: 7/8/04
To: Benson, Cynthia
Company: Patient
Fax No: 773-375-1933
Phone No: 773-375-1933

No. of Pages including cover sheet: _____
From: Alison Yamile @ Dr. Fernandez' Office

Phone: 312-243-4244
Fax: 312-243-1892

Additional Comments:

Thank-You!
Please Sign & Fax Back.

Important: This fax is intended only for the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby informed that any use, disclosure, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address via the United States postal service. Thank you.

MIDWEST ORTHOPAEDICS

002/012

13'd WARD

MIDWEST ORTHOPAEDICS AT RUSH AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

Patient Information

Patient's Name: <u>Benson, Cynthia</u>	Date of Birth: <u>9-30-64</u>
Address: <u>P.O. Box 802913</u>	Social Security: _____
City: <u>Chicago</u>	State/Zip Code: <u>IL 60680</u>

I authorized Midwest Orthopaedics to use and disclose my protected health information (PHI) in the manner described below. I understand that this authorization is voluntary. I also understand that my PHI may be redisclosed by the person or entity receiving my PHI from Midwest Orthopaedics, and may no longer be protected by the Federal Privacy Regulations or state law. I understand that my health care will not be affected if I do not sign this form.

Please check below any or all of the following health information that may be disclosed by Midwest Orthopaedics:

- | | |
|--|---|
| <input type="checkbox"/> All medical Records | <input type="checkbox"/> Claims/Billing Information |
| <input type="checkbox"/> Laboratory Data | <input type="checkbox"/> X-Rays/MRI Film |
| <input type="checkbox"/> Radiology Reports | <input checked="" type="checkbox"/> Progress Notes |
| <input type="checkbox"/> HIV Test Results | <input type="checkbox"/> Alcohol Abuse Records |
| <input type="checkbox"/> Psychotherapy Notes | <input type="checkbox"/> Other _____ |

This health information may be disclosed to:
Mailing Address _____

Relationship to Individual:

- ☐ Personal Representative
☐ Spouse/Relative

- ☐ Attorney
☐ Other _____

This authorization will be used for: _____

I understand that this authorization will expire on _____ or one year from the date of my signature below, whichever is earlier.

I understand that I may revoke this authorization at any time by notifying Midwest Orthopaedics in writing. I understand that revocation of this authorization will not affect any actions already taken by Midwest Orthopaedics in reliance on this authorization. I understand that I have the right to review my health information before release. I also understand that I have a right to receive a copy of this authorization.

Signed: Cynthia Benson

Dated: 7/8/04

If not signed by the patient, please indicate relationship:

- ☐ Parent or guardian
☐ Guardian or legal representative of an incompetent patient

Please Sign & Fax Back!

Form: Authorization for Release of Health Information
Rev. January 2004

13'd WARD

MIDWEST ORTHOPAEDICS

FEB-26-2004 07:49

01/04/2008 11:02 FAX 312

MIDWEST ORTHOPEDICS

003/012

BENSON, CYNTHIA
 DOB: 09-30-1964
 05-29-04 POS (JJP/AMBER:SCG)

JOHN J. FERNANDEZ, MD, FAAOS

INDEPENDENT MEDICAL EXAMINATION

CLAIMANT:	BENSON, CYNTHIA
DATE OF BIRTH:	SEPTEMBER 30, 1964
SOCIAL SECURITY NO.:	318-64-8788
DATE OF INJURY/SYMPTOMS:	AUGUST 1, 2001
EXAMINING PHYSICIAN:	JOHN J. FERNANDEZ, MD, FAAOS
EXAMINATION LOCATION:	MIDWEST ORTHOPAEDICS
DATE OF EXAMINATION:	JUNE 29, 2004

INTRODUCTION:

Cynthia Benson has been referred to us for an independent medical examination. I have explained to Ms. Benson the purpose of the examination and how it would be performed. I explained to her that the purpose was not for me to become her treating physician and that the information contained within the report would not be confidential. I also explained to her that a copy of the report would be sent to the requesting individuals.

Ms. Benson verbalized an understanding of this and gave consent to the examination process. She reported no significant difficulties as a result of the examination.

HISTORY:

Clinical Chronology: Ms. Benson states that in August of 2001 she began to notice the symptoms of numbness and tingling in the hands bilaterally, right greater than left. In addition she noted concomitant pain and swelling in the wrist.

She was initially evaluated and treated by her primary-care physician and underwent initial conservative treatment measures with splinting and anti-inflammatories as needed.

Unfortunately, more recently her symptoms have progressed and worsened. She has undergone more recent therapy. At this point she is being treated with restrictions.

She has had previous diagnostic studies including EMG studies and MRI scan.

She has not yet received any injections. She has been wearing her wrist splints, but no elbow pads.

She is currently working; however, in a restricted capacity. She states that she was initially employed for eight years as a mail carrier and subsequently she has been working as a customer service representative.

CONTINUED

MIDWEST ORTHOPEDICS

MIDWEST ORTHOPEDICS

004/012

BENSON, CYNTHIA
DOB: 09-30-1964
06-29-04 POS (LJF/AMBER:60C)

JOHN J. FERNANDEZ, MD, FFAOS

Chart Note Continued (Page 2)

INDEPENDENT MEDICAL EXAMINATION

Current Symptoms: At this time Ms. Benson is primarily complaining of discomfort in the hands and wrists bilaterally extending into the digits. Her primary symptoms have to do with numbness and tingling primarily affecting the median nerve distribution, right greater than left. She, however, states that she also has some symptoms in the ulnar nerve distribution radiating from the elbow.

She states the symptoms are worse with activities and improve with rest. In general she rates her symptoms as a 8 to a 10 out of 10 in severity depending on activities.

PAST MEDICAL HISTORY:**Medical:**

None listed.

Surgical:

None listed.

MEDICATIONS:

None listed.

ALLERGIES:

None listed.

FAMILY HISTORY:

None listed.

REVIEW OF SYSTEMS:

Noncontributory to the problem.

SOCIAL HISTORY:

Tobacco: Negative.

Alcohol: Negative.

Special Hobbies/Activities: Singing and reading.

CONTINUED

MAJESTIC URMEDICS

008/012

BENSON, CYNTHIA
DOB: 09-30-1984
06-28-04 POB (JJP/AMBER:SOC)

JOHN J. FERNANDEZ, MD, FFAOS

Chart Note Continued (Page 3)

INDEPENDENT MEDICAL EXAMINATION**OCCUPATIONAL HISTORY:**

Employer: United States Postal Service.
Occupation: Clerk.
Duration of Employment: Nineteen years.
Current Work Status: Working with restrictions.
Description: See the enclosed job description. In addition, Ms. Benson has given me a history of her own. She states that when at work she "leans onto the elbows while working." She demonstrated the position to me here in the office and this is a somewhat hyperflexed position of the elbow with direct pressure over the medial epicondyles. She states that at times she is in this position for the entire work day.

In addition she was previously working as a mail carrier and a clerk for ten years during which time she was "throwing and casing mail." This job position is also familiar to me.

PHYSICAL EXAMINATION:

Vitals: Height: 5 feet 7 inches
 Weight: 200 pounds

General: The patient is a 39-year-old, right-hand dominant female.

Skin: Warm and dry without any significant lesions or wounds. There was normal color, temperature, and texture without significant dystrophic findings.

NEUROLOGIC:

Sensory: There were subjective paresthesias in the hands bilaterally, right greater than left, median nerve greater than the ulnar nerve. Two-point discrimination was intact without significant loss or contracture.

Provocative Testing: There was irritability of the median nerve at the wrist on percussion and compression with positive Tinel's and Phalen's tests; however, this was relatively mild.

In addition, there was irritability of the ulnar nerve at the elbow consistent with cubital tunnel syndrome, again right greater than left.

Motor: There was subjective weakness in the hands and arms, but without frank atrophy or paralysis.

Coordination: Smooth and accurate in the upper extremity in general.

CONTINUED

NATURAL UNIMPEDUS

0000/012

BENSON, CYNTHIA
DOB: 08-30-1964
06-29-04 POB (JF/AMBER:600)

JOHN J. FERNANDEZ, MD, FAAOS

Chart Note Continued (Page 4)

INDEPENDENT MEDICAL EXAMINATION**MUSCULOSKELETAL:**

Appearance: Inspection revealed no gross deformities or areas of significant swelling.

Palpatory: There was discomfort along the carpal canal and the cubital tunnel, but without significant instability or mechanical symptoms such as crepitus, locking, or triggering.

Range of motion:

Bilateral Elbows: EXT/FLX 0/160.

Bilateral Wrists: EXT/FLX 70/70.

DIAGNOSTIC STUDIES:

Radiographic Studies: Multiple x-ray views of both hands and wrists and elbows taken today here in the office revealed normal bone quality and alignment without any evidence of fracture, dislocation, or degenerative process.

Electrodiagnostic Studies: Previous EMG studies of May 15, 2003, revealed "very mild carpal tunnel syndrome on the right side." More recent EMG studies of May 7, 2004, revealed normal findings without significant evidence of neuropathy.

MRI Scan: MRI scan from May 9, 2004 revealed evidence of a posterior central disc protrusion at C4-C5 and C5-C6 posterior spondylosis.

CONCLUSIONS:**Diagnoses:**

1. **BILATERAL WRIST CARPAL TUNNEL SYNDROME, CLINICALLY ACTIVE.**
2. **BILATERAL ELBOW CUBITAL TUNNEL SYNDROME, CLINICALLY ACTIVE.**

Causality and Apportionment: It would appear that there is a causal relationship between Ms. Benson's current symptoms and complaints and the history of her work exposure. It should be noted, however, that carpal tunnel syndrome is a multifactorial disorder most commonly seen in females, particularly in this age group. In particular, this condition does have a normal incidence in the general population. For those reasons, I believe that at least 50% of the apportionment of the causality lies with an underlying predisposition to this condition which is intrinsic to her. However, the other 50% of the causal relationship also lies with the work exposure.

CONTINUED

ADVERSE UNIMPEDUS

007/012

BENSON, CYNTHIA
 DOB: 08-30-1964
 08-29-04 POB (JFF/AMBER:BOC)

JOHN J. FERNANDEZ, MD, FAAOS

Chart Note Continued (Page 5)

INDEPENDENT MEDICAL EXAMINATION

For these reasons, I believe that her conditions should currently be treated as work related.

Work Capacity: I believe it is safe for her to continue to work in her current capacity. Her formal restrictions would be light restrictions with up to 10 pounds of force frequently, negligible force constantly, and 20 pounds of force occasionally regarding the use of the upper extremities bilaterally.

In addition, I would recommend restrictions from repetitive pushing, pulling, twisting, grasping, or pinching with the hands or arms to be no greater than 1 per every 10 minutes for 1 to 3 hours total in a day.

I believe that she is currently at maximum medical improvement without any other interventions. Those restrictions essentially may become permanent.

Treatment:

Conservative Treatment: One option would be continued conservative treatment measures with wrist splints and elbow pads with anti-inflammatory medication. She could also benefit from an injection into the affected wrist and monitor her for a response.

There is, of course, the possibility that her symptoms could worsen and deteriorate in the future requiring further, more aggressive treatment such as surgical intervention.

However, at this point, we would recommend continued conservative measures with the splinting and the elbow pads.

I will now answer some of the specific questions placed to me in the cover letter by Dale Schultz.

1. Is there bilateral carpal tunnel syndrome still present? How do you determine if it has resolved?

I do believe that there is still evidence of bilateral carpal tunnel syndrome. I do not believe it has resolved. The way to determine if it has resolved is to ask the patient whether they continue to have active symptoms. On an objective basis, it is difficult to determine this. She does have irritability and irritation of the nerve when percussing it and on compression. Although her EMG studies are negative, in up to 15% of individuals the EMG studies can be negative. It should also be noted that previous EMG studies were positive, although only for mild disease.

CONTINUED

NAUTICAL DRUMMER

008/012

BENSON, CYNTHIA
 DOB: 08-30-1964
 08-29-04 POB (JJF/AMBER:SDC)

JOHN J. FERNANDEZ, MD, FAAC

Chart Note Continued (Page 6)

INDEPENDENT MEDICAL EXAMINATION

2. If there are residuals from the carpal tunnel syndrome, do these residuals disable and limit the employee from performing her full duty as a distribution clerk/window clerk?

The residuals are the fact that the carpal tunnel syndrome continues to be active. The condition of carpal tunnel syndrome is essentially chronic. It can improve or resolve with time, but it also may continue or worsen. In her particular case, her symptoms have continued and are active at this time. These active symptoms are what currently limit her from normal and heavy activities. The work capacity was previously outlined.

3. What continued treatment if any is needed for the carpal tunnel syndrome?

I would recommend an injection with cortisone into the affected wrist with the continued use of a splint and anti-inflammatories. If there is no significant further improvement and if there is further significant disabling pain, I would then recommend the consideration of surgical intervention.

4. According to a recent MRI, a bulging disc is apparent in the cervical area. Can this disc be aggravated by the carpal tunnel syndrome?

There is no connection between the bulging disc itself and the carpal tunnel syndrome. These are two completely physiologically and mechanically different entities. The symptoms of the carpal tunnel syndrome, however, can be aggravated by the bulging disc if there is compression of the disc upon the nerves at the cervical nerve roots. If there is compression of the nerve at the neck, the nerve at the neck can become "weakened" and can aggravate or magnify the symptoms relating to the carpal tunnel syndrome. The disease process, however, is completely separate, but the symptoms may be aggravated by a bulging disc.

5. Considering the employee as a whole person, is she capable of working her preinjury job as a distribution clerk or window clerk? Why or why not? Is she at MMI?

I believe that she is essentially at MMI at this time unless she considers further treatment interventions. At this point it does not appear that she is capable of returning back to her preinjury job as a distribution clerk/window clerk.

CONTINUED

WESTERN ORTHOPEDIC

008/012

BENSON, CYNTHIA
DOB: 09-30-1964
06-29-04 POB (JJF/AMBER.SOC)

JOHN J. FERNANDEZ, MD, FFAOS

Chart Note Continued (Page 7)

INDEPENDENT MEDICAL EXAMINATION

However, I do believe that she is capable of performing many other tasks and I believe that she is certainly capable of continuing to perform in her current work capacity.

John J. Fernandez, MD, FFAOS
Board Certified Hand Surgeon
Board Certified Orthopedic Surgeon
Assistant Professor of Orthopedic Surgery
Rush-Presbyterian-St. Luke's Medical Center
JJF/soc

cc: Fax: 708-663-8441
Dale Schultz
US Postal Office
6801 West 75th Street
Bedford Park, IL 60486
Tel: 708-663-7478

Fax: 708-663-8441
Harold T. Pys, MD, MPH
Medical Director
United States Postal Service
Central Illinois Medical Unit

BENSON, CYNTHIA
DOB: 08-30-1964
06-28-04 POB (JJF/AMBER:SOC)

JOHN J. FERNANDEZ, MD, FAAOS

Please note fax number given above for Dr. Pye. No address provided. This is
fax/address file on record. Please advise if there is "new" information for our records.
Thank you.

Fax: 773-779-0974
Harold T. Pye, M.D.
Univ. of Illinois at Chicago Medical Center
O'Hare, Terminal Two, Upper Level Air Side
P. O. Box 80888
Chicago, IL 60688
Tel: 773-779-0909

RECEIVED 01/04/2008

RECEIVED 01/04/2008

01/04/2008

X-RAY REPORT

PATIENT:	BENSON, CYNTHIA
DATE OF BIRTH:	09-30-1984
EXAMINING PHYSICIAN:	JOHN J. FERNANDEZ, MD, FAAOS
DATE OF EXAMINATION:	JUNE 29, 2004
DESCRIPTION OF EXAMINATION:	MULTIPLE X-RAY VIEWS OF BOTH HANDS AND WRISTS

EXAMINATION REPORT:

Radiographic Studies: Multiple x-ray views of both hands and wrists and elbows taken today here in the office revealed normal bone quality and alignment without any evidence of fracture, dislocation, or degenerative process.

RECEIVED: 01/04/2008

012/012

ELECTRODIAGNOSTIC TESTING

PATIENT:	BENSON, CYNTHIA
DATE OF BIRTH:	08-30-1964
EXAMINING PHYSICIAN:	JOHN J. FERNANDEZ, MD, FAAOS
DATE OF EXAMINATION:	MAY 7, 2004
DESCRIPTION OF EXAMINATION:	EMG TESTING

EXAMINATION REPORT:

Electrodiagnostic Testing: Previous EMG studies of May 15, 2003, revealed "very mild carpal tunnel syndrome on the right side." More recent EMG studies of May 7, 2004 revealed normal findings without significant evidence of neuropathy.

05/22/2007 11:10 FAX

2011/028

Patient Name: Cynthia Benson Account Number: 56631
 Patient Birthdate: 09/30/64

10

Advocate Medical Record Number:
 Primary doctor:

JULY 14, 2004

Cynthia Benson is here in follow up for her hands and neck. The patient was assessed by an independent medical evaluation which confirmed that she does have cubital tunnel and carpal tunnel syndrome. The patient is thus far not interested in any surgery. Much data has been presented pro and con for injections or against injections in the carpal tunnel region. Personally I do not find very good results with injections in the carpal tunnel region and that is why I don't usually recommend them. I do find excellent results with surgical intervention if needed. On occasion it is just as traumatic to do surgery as it is to do the injection. I do agree that she is at maximum improvement unless she decides to have something done to release the carpal tunnel or the cubital tunnel. She could pad her elbows well at work and at home in order to alleviate any pressure on this region. She should have an advantageous position to keep the wrists in a slightly extended position to keep them from hyperflexing. She should also try to avoid tilting her head from one side to the other as I have stated early, she does have nerve root impingement in the neck which we are going to treat through her insurance because it does not seem that they are approving this as a work related injury. Granted the treatments at any age group can develop cervical degeneration, it does seem that at activities repetitive twisting and turning of her neck with the repetitive activities showed the that she is performing could exacerbate this condition. I have confirmed notes of Dr. Hernandez, the independent consultant and he did not deny this fact. He basically responded to a question that as to whether cervical radiculopathy can worsen carpal tunnel syndrome, nobody asked him whether cervical radiculopathy can be caused by this patient's position. The answer to that question is that cervical radiculopathy can be caused by her vocation if she is doing repetitive twisting and turning of the neck. and repetitive tilting of her head which she does. Basically, regardless, the patient does need medical treatment and she will receive it. and we will see her back in a few weeks to make sure that portion improves. If she is not improved with medical therapy, we can consider injection.

Jay M. Brooker, M.D.
 Signature mechanically affixed

JMB/ptp
 CC: Department of Labor, Dale Schultz

05/22/2007 11:10 FAX

012/028

Patient Name: Cynthia Benson Account Number: 56631
Patient Birthdate: 09/30/54

11

Please make sure the cc is sent. JMB said that Dale Schultz said that they were not getting the notes.

MIDLAND ORTHOPEDIC ASSOCIATES, S.C.
Chicago, IL

GERALD F. LOFTUS, M.D.
JOHN D. SONNENBERG, M.D.
D. DIRK NELSON, M.D.
MICHAEL G. MADAY, M.D.
STEPHEN V. PERNS, D.R.M.
MICHAEL C. MORAN, M.D.
WILLIAM A. HELLER, M.D.
JAY M. BROOKER, M.D.
MICHELLE A. JAWORSKI, M.D.

MIDWEST

CHICAGO, ILL.

A Member of Combined
Orthopaedic
SPECIALISTS

☐ 2820 S. WABASH SUITE 100
CHICAGO, IL 60616
312/443-4800

☐ 8705 S. MERRILL LANE
HOMERIDGE, IL 60436
708/485-1180

☐ 6201 S. WILLOW SPRINGS RD., #340
LA GRANGE, IL 60525
708/485-7767

☐ 9921 S. WESTERN AVE.
CHICAGO, IL 60643
773/238-5485

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	9920		LONG ARM	29065		ASPIRATION SMALL-PL	20800	
EMERGENCY	99058		SHORT ARM	29075		ASPIRATION MEDIUM-PL	20805	
ONCE VISIT (Established)			LONG LEG	29085		ASPIRATION LARGE-PL	20810	
LEVEL	9921		SHORT LEG	29095		TRIGGER POINT-PL	20820	
COMPLICATING (9921)-24			PLASTER/FRAC/LR	A4350		CELESTONE CC	J0704	
SURGICAL FOLLOW-UP	99024		FIBERGLASS(FRAC/LR)	A4360		KENELOG CC	J8901	
CONSULTATIONS DR.			UNNA BOOT	29580		DEBRIDEMENT	11040	
LEVEL	9934		FINGER SPLINT	29130		PIN REMOVAL	20870	
SECOND OPINION (IME)			ELASTICS	20850		EX FIX REMOVAL	20860	
LEVEL	9927		REMOVAL CAST	29705		X-RAY CONSULTATION	78140	
IME	99458		WINDOW CAST	29730		SPECIAL REPORTS	88080	
CASE MANAGEMENT			WEDGE CAST	29770		EDUCATIONAL	99071	
WITH PATIENT	99354		MINOR SURGERY			MEDICAL TESTIMONY	99075	
W/O PATIENT	99358					FRACTURE CARE		
PHONE 3540	9937					OTHER		
						SUPPLIES		

DIAGNOSIS: ()

DATE OF INJURY FIRST CONSULT

RETURN TO WORK:

() NOT YET; ESTIMATED RETURN

DAUGHT DUTY ONLY AS OF

RESTRICTIONS:

URGENT: () SO () 24 () AM DATE

OPERATION:

POC-LEVEL MMI AS OF

() REGULAR DUTY; NO RESTRICTIONS AS OF

ANESTHESIA: TESTING:

NEXT APPOINTMENT: D 4 W M AS NEEDED

DATE 5-11 DAY: TIME 2:15

DOCTOR'S SIGNATURE

HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND
TERMSY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

x *[Signature]* DATE

PATIENT INFORMATION

242 follow-up

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX: M F	PRIOR BALANCE
07/14/04	2:00P	CYNTHIA BENSON	F	.00
07/14/04	JME	DOCTOR		
07/14/04		BEVERLY OFFICE		
07/14/04		RESPONSIBLE PARTY		
07/14/04		PHONE NO		
07/14/04		773-375-1933		
07/14/04		RECAP: .00 OVER 60 .00 OVER 60 .00 OVER 60 .00 OVER 60		
07/14/04		INSURANCE COMPANY		
07/14/04		312-443-4800		
07/14/04		BALANCE TYPE		
07/14/04		DIAGNOSIS:		

FROM DATE:

THRU DATE:

DIAGNOSIS:

Patient Name: Cynthia Benson Account Number: 56631
 Patient Birthdate: 09/30/64

10

Advocate Medical Record Number:
 Primary doctor:

JULY 14, 2004

Cynthia Benson is here in follow up for her hands and neck. Basically the patient was assessed by an independent medical evaluation which confirmed that she does have cubital tunnel and carpal tunnel syndrome. The patient is thus far not interested in any surgery. Much data has been presented pro and con for injections or against injections in the carpal tunnel region. Personally I do not find very good results with injections in the carpal tunnel region and that is why I don't usually recommend them. I do find excellent results with surgical intervention if needed. On occasion it is just as traumatic to do surgery as it is to do the injection. I do agree that she is at maximum improvement unless she decides to have something done to release the carpal tunnel or the cubital tunnel. She should pad her elbows well at work and at home in order to alleviate any pressure that is undue on this region. She should have an advantageous position to keep the wrists in a slightly extended position to keep them from hyperflexing. She should also try to avoid tilting her head from one side to the other as I have stated early, she does have nerve root impingement in the neck which we are going to treat through her insurance because it does not seem that they are approving this as a work related injury. Granted the patients at any age group can develop cervical degeneration, it does seem that repetitive twisting and turning of her neck with the repetitive activities that she is performing could exacerbate this condition. I have renewed the notes of Dr. Hernandez, the independent consultant and he did not confirm or deny this fact. He basically responded to a question that asked if cervical radiculopathy can worsen carpal tunnel syndrome, nobody asked him whether cervical radiculopathy can be caused by this patient's vocation. The answer to that question is that cervical radiculopathy can be caused by her vocation if she is doing repetitive twisting and turning of her neck and repetitive tilting of her head which she does. Basically regardless, the patient does need medical treatment and she will receive that and we will see her back in a few weeks to make sure that portion improves. If she is not improved with medical therapy, we can consider injection.

Jay M. Brooker, M.D.
 Signature mechanically affixed

CC: Department of Labor, Dale Schultz

05/22/2007 11:13 FAX

021/028

Patient Name: Cynthia Benson Account Number: 55631
Patient Birthdate: 09/30/64

11

Please make sure the cc is sent. JMB said that Dale Schultz said that they were not getting the notes.

MIDLAND ORTHOPEDIC ASSOCIATES, S.C.
Chicago, IL

05/22/2007 11:10 FAX

2013/028

Patient Name: Cynthia Benson Account Number: 55531
Patient Birthdate: 09/30/64

12

AUGUST 11, 2004

Cynthia Benson is here in follow-up for her neck. She has been approved to start therapy and has been unwilling right now. She is improving. I will see her back in about 3 weeks. If she improves further, she may be able to do some work conditioning.

Jay M. Brooker, M.D.
signature mechanically affixed

JMB/ch

MIDLAND ORTHOPEDIC ASSOCIATES, S.C.
Chicago, IL

GERALD F. LOFTUS, M.D.
 JOHN D. SONNENBERG, M.D.
 D. DIRK NELSON, M.D.
 MICHAEL G. MADAY, M.D.
 STEPHEN V. PERNS, D.P.M.
 MICHAEL C. MORAN, M.D.
 WILLIAM A. HELLER, M.D.
 JAY M. BROOKER, M.D.
 MICHELLE A. JAWORSKI, M.D.

MIDLAND

ORTHOPAEDIC
SPECIALISTSA Member of Combined
Orthopaedic
SPECIALISTS
☐ 2550 S. WABASH SUITE 100
 CHICAGO, IL 60616
 312/542-4000

☐ 8735 S. MERRION LANE
 HOMETOWN, IL 60465
 708/428-1180

☐ 5201 S. WILLOW SPRINGS RD., #340
 LA GRANGE, IL 60525
 708/488-7797

☐ 9717 S. WESTERN AVE.
 CHICAGO, IL 60643
 773/384-3465

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	9929		LONG ARM	29005		ASPIRATION SMALL-RL	20800	
EMERGENCY	99058		SHORT ARM	29075		ASPIRATION MEDIUM-RL	20805	
OFFICE VISIT (reestablished)			LONG LEG	29355		ASPIRATION LARGE-RL	20810	
LEVEL	9931		SHORT LEG	29425		TRIGGER POINT-RL	20850	
COMPLICATING (9901) - 24			PLASTER (ROLLS)	A4580		CELESTONE CC	J0704	
SURGICAL FOLLOW-UP	99034		FIBERGLASS (ROLLS)	A4690		KENLOG CC	J3901	
CONSULTATIONS DR.			UNNA BOOT	20880		DEBRIDEMENT	11040	
LEVEL	9924		FINGER SPLINT	29130		PIN REMOVAL	20870	
SECOND OPINION (NEW)			ELASTICS	50280		EX FIX REMOVAL	20880	
LEVEL	9907		REMOVAL CAST	29705		X-RAY CONSULTATION	70140	
IME	99158		WINDOW CAST	29730		SPECIAL REPORTS	99080	
CASE MANAGEMENT			WEDGE CAST	29770		EDUCATIONAL	99071	
WITH PATIENT	99354		MINOR SURGERY			MEDICAL TESTIMONY	99078	
W/O PATIENT	99358					FRACTURE CARE	()	
PHONE	9937					OTHER	()	
						SUPPLIES	()	

5548 CARPAL TUNNEL SYNDROME

DIAGNOSIS: ()

DATE OF INJURY _____ FIRST CONSULT _____

RETURN TO WORK: _____

() NOT YET; ESTIMATED RETURN _____

(X) LIGHT DUTY ONLY AS OF _____

RESTRICTIONS: *4/11/03 5:00 PM - 2:00 PM*

SURGERY: () BD () RS () AM DATE: _____

OPERATION: _____

PBC LEVEL _____ MMI AS OF _____

() REGULAR DUTY; NO RESTRICTIONS AS OF _____

NESTHESIA: _____ TESTING: _____

X _____ DOCTOR'S SIGNATURE

 NEXT APPOINTMENT: _____ D 3 W _____ M _____ AS NEEDED
 DATE: 9-1 DAY: _____ TIME: 2:15

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

X _____ DATE: _____

PATIENT INFORMATION

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX M/F	PRIOR BALANCE
08/11/04	2:15P	CYNTHIA BENSON	F	79.00
CHRG. SLIP NO.	DOCTOR	LOCATION		TODAY'S CHARGES
497743 JMB		BEVERLY OFFICE		
ACCT NO.	RESPONSIBLE PARTY	PHONE NO.		TODAY'S PAYMENT
55631	CYNTHIA	773 / 375-1933		
RECAP:	OVER 90	OVER 90	OVER 90	CURRENT
.00	.00	.00	.00	BALANCE DUE
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
DOL	318545758/			
FROM DATE:	THRU DATE:	DIAGNOSIS:		

05/22/2007 11:10 FAX

0014/029

Patient Name: Cynthia Benson Account Number: 56631
 Patient Birthdate: 09/30/64

13

SEPTEMBER 3, 2004

Cynthia Benson is here in follow-up for her hands and her neck. Apparently her work needs some clarification as to the neck symptoms but basically these symptoms have been going on as long as I have seen her about her hands.

There are 2 separate sets of symptoms, pain that radiates from the neck into her arm and pain that is continuously in the arm. The hand is controlled as long as limitations and repetitive motion are all controlled and as long as repetitive lifting and repetitive activities is limited. The neck has been well-addressed with appropriate physical therapy at this point and with postural modification and strengthening, it should continue to improve.

The same repetitive activities and repetitive activities in posture and twisting and turning involved in her repetitive activities in her previous vocation can cause cervical radiculopathy just as well as it can cause carpal tunnel syndrome. There are 2 different repetitive motions. The hand and wrist have been both going on for the same length of time and they are both under control at this stage.

Does she have a permanent impairment? - yes she does and this is basically due to the fact that whenever she increases her activity level the carpal tunnel syndrome will always get worse and there is a risk that the cervical radiculopathy may flare up.

Under the present activities, she should have permanent restrictions. I do not really anticipate that she will be able to resume the same duties that she had before without getting worse again.

I will fill out and approve any paperwork to this effect once it is given to me.

Jay M. Brooker, M.D.
 signature mechanically affixed

JMB/sh

SEPTEMBER 20, 2004

Please refer to letter to U.S. Postal Service.

JMB/ptp

MIDLAND ORTHOPEDIC ASSOCIATES, S.C.
 Chicago, IL

GERALD E. LOFTUS, M.D.
 JOHN D. SONNENBERG, M.D.
 D. DIRK NELSON, M.D.
 MICHAEL G. MADAY, M.D.
 STEPHEN V. PEARNS, D.R.M.
 MICHAEL G. MORAN, M.D.
 WILLIAM A. HELLER, M.D.
 JAY M. BROOKER, M.D.
 NICHILLE A. JAWORSKI, M.D.

MIDLAND

Sept report
 Combined
 Orthopaedic
 SPECIALISTS

☐ 2850 S. WABASH BLVD 100
 CHICAGO, IL 60616
 312/345-4800

☐ 4736 S. MERRISON LANE
 HOMETOWN, IL 60438
 708/485-1150

☐ 8251 S. WILLOW SPRINGS RD., 1940
 LA GRANGE, IL 60525
 708/485-7757

☐ 9717 S. WESTERN AVE
 CHICAGO, IL 60648
 773/308-8488

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	9920		LONG ARM	29085		ASPIRATION SMALL-RL	20800	
EMERGENCY	99086		SHORT ARM	29075		ASPIRATION MEDIUM-RL	20805	
OFFICE VISIT (RE-EXAMINED)			LONG LEG	29065		ASPIRATION LARGE-RL	20810	
LEVEL	9921		SHORT LEG	29425		TRIGGER POINT-RL	20850	
COMPLICATING	(9921) x 24		PLASTER (ROLLS)	A4550		CELESTONE	CC	47704
SURGICAL FOLLOW-UP	99084		FIBERGLASS (ROLLS)	A4590		KENBLOC	CC	43801
CONSULTATION: DR.			UNNA BOOT	29580		DEBRIDEMENT		11040
LEVEL	9924		FINGER SPLINT	29180		PIN REMOVAL		20870
SECOND OPINION (NEW)			ELASTICS	60880		EX FIX REMOVAL		20880
LEVEL	9927		REMOVAL CAST	29705		X-RAY CONSULTATION		70140
IME	99485		WINDOW CAST	29750		SPECIAL REPORTS		99080
CASE MANAGEMENT			WEDGE CAST	29770		EDUCATIONAL		99071
WITH PATIENT	99284		MINOR SURGERY			MEDICAL TESTIMONY		99075
W/O PATIENT	99856					FRACTURE CARE		
PHONE	9927					OTHER		
						SUPPLIES		

3540 CARPAL TUNNEL SYNDROME

DIAGNOSIS: ()

DATE OF INJURY FIRST CONSULT

RETURN TO WORK:

() NOT YET ESTIMATED RETURN

LIGHT DUTY ONLY AS OF 9/26/04

RESTRICTIONS:

OK to do limited duty

4 hrs max

by 11/2/04

day off not available

POC LEVEL MM AS OF 11/2/04

() REGULAR DUTY; NO RESTRICTIONS AS OF

SURGERY: () SD () SS () AM DATE:

OPERATION:

ANESTHESIA: YES/NO

X DOCTOR'S SIGNATURE

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND
 I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

X DATE

NEXT APPOINTMENT: D W M AS NEEDED

DATE: 10.5.04 DAY: TUES TIME: 2:30

AOC

PATIENT INFORMATION

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX M/F	BIRTH DATE
09/03/04	11:45P	CYNTHIA BENSON	F	75.02
CHRG SLIP NO.	DOCTOR	LOCATION		TODAY'S CHARGES
507243 YMB				
ACCT NO.	RESPONSIBLE PARTY	BEVERLY DEWICE		TODAY'S PAYMENT
36631	CYNTHIA	PHONE NO.		
REGAP	OVER 60	773 / 375-1933		BALANCE DUE
	OVER 60	CURRENT		
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
DOL	318545758/	W P		

FROM NOTE

TO NOTE

ATTENTION



John D. Sonnenberg, MD
D. Dirk Nelson, MD
Michael G. Masay, MD
William A. Heller, MD
Stephen V. Perna, DPM
Michael C. Moran, MD
Jay M. Brooker, MD
Michelle A. Jaworski, MD
Gerald E. Lofgren, MD
(emeritus)

Reconstructive Orthopedics
Pain Management
Sports Medicine
Arthroscopy
Hand Surgery
Foot/Ankle Disorders

September 20, 2004

Maria Oliver, Claims Examiner
U.S. Postal Service
Chicago South Suburban Injury Compensation Unit
6801 W. 73rd Street
Bedford Park, IL 60499

Re: Cynthia Benson Account Number: 56631
Patient Birthdate: 09/30/64

Dear Ms. Oliver:

This is in response to your request regarding issues about Cynthia Benson. Her file number is 102007312 FF-0. The patient has been under the care of Midland Orthopedic Associates since 2002. She was originally seen by my partner and the initial question as to whether the cervical condition was found on her initial exam is No. However her pain did progress into the right upper extremity over the ensuing several months to one year. She had not gotten modifications of her duties until approximately a year after treatment and the repetitive motions eventually led to lateral epicondylitis and the same kinds of repetitive movements can lead to repetitive twisting and turning of the neck which can worsen and basically lead to an impingement in the cervical nerve root. The patient began to develop tingling and numbness in the 4th and 5th digit approximately one year ago. She was complaining in August of 2003. She did get improvement with her modifications of duty. She never complained that this bothered her with her outside business venture, basically because it does not involve any strenuous activity whatsoever, nor does it involve any repetitive movements.

2890 S. Wabash
Suite 100
Chicago, Illinois 60616
(312) 842-4600
Fax (312) 842-8690

8755 S. Marston Lane
Homewood, Illinois 60436
(708) 425-1150
Fax (708) 425-9454

5201 S. Willow Springs Rd.
Suite 340
LaGrange, Illinois 60525
(708) 482-7767
Fax (708) 482-7988

Visit us on the web: www.midlandortho.com • E-mail: info@midlandortho.com

Page 2
Cynthia Benson
September 20, 2004

These symptoms of carpal tunnel syndrome, lateral epicondylitis and her eventual cervical pain arose from repetitive twisting and turning and repetitive movements of the hands, repetitive lifting at work and have been well documented in the past by first Dr. Sonnenberg and then

As to the question as to whether the cervical condition can aggravate the carpal tunnel syndrome or the carpal tunnel syndrome can aggravate the cervical condition, basically neither condition is directly connected, however both conditions are caused by repetitive twisting and turning and repetitive motion and lifting. Both can be caused by similar functions. Quite often when one patient has an arm that is weakened from carpal tunnel syndrome, the arm and neck can be more vulnerable to other repetitive injuries such as cervical radiculopathy or lateral epicondylitis which has also occurred in this patient. Patients can even develop impingement syndrome of the shoulder from the same pathology. Again, her outside business venture which is basically a beauty product consultant is not something that generally would involve repetitive lifting, twisting, turning or repetitive key boarding, data entry or any of the above mentioned activities that would cause these problems and in this case there would be no indication as to why it would be caused in this case.

As far as the findings last year of possibility of cubital tunnel syndrome, basically that has never really materialized into a full problem. After further evaluation, it seemed that the tingling that was radiating down the arm was more based within her neck. It is possible that leaning the elbow on a table or surface can create some friction to the ulnar nerve which can create a different type of numbness and tingling. Quite often the patients can get cubital tunnel syndrome as well as carpal tunnel syndrome because not only do people repetitively manipulate the wrists but also repetitively lean and rub the elbow. At this stage, cubital tunnel syndrome did not really seem to be much of an issue and the other issues remain stable as long as her activity level is not increased. She does need to have permanent restrictions. I do not see a way of increasing her activity level and I don't necessarily feel that surgery would help her either. With the present restrictions that have been outlined in the past, she should do very well.

I don't really have any other treatment recommendations at this point except that if she does get flare ups of her symptoms, she can be

Page 3
Cynthia Benson
September 20, 2004

intermittently treated with therapy. The carpal tunnel syndrome could be treated with surgery if it gets worse, but right now there is not really any need for surgery as the symptoms have settled down with modification of activity. If the neck condition worsens, again it may require injections or surgery depending on the severity of the symptoms.

If you have any further questions, please contact me.

Sincerely,

Jay M. Brooker, M.D.
JMB/ptp

GERALD E. LOFTUS, M.D.
 JOHN D. SONNENBERG, M.D.
 D. DIRK NELSON, M.D.
 MICHAEL G. MADAY, M.D.
 STEPHEN V. PERNS, D.P.M.
 MICHAEL G. MORAN, M.D.
 WILLIAM A. HELLER, M.D.
 JAY M. BROOKER, M.D.
 MICHELLE A. JAWORSKI, M.D.

MIDLAND

CHICAGO, ILL. 60611
 312/942-4800

☐ 2850 S. WABASH SUITE 100
 CHICAGO, IL 60616
 312/942-4800

☐ 8736 S. MARSH LANE
 HOMERIDGE, IL 60438
 708/482-1150

☐ 8801 S. WILLOW SPRINGS RD., #340
 LA GRANGE, IL 60525
 708/482-7787

☐ 8717 S. WESTERN AVE.
 CHICAGO, IL 60643
 773/238-6485

Combined
Orthopaedic
 SPECIALISTS

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	9820		LONG ARM	28045		ASPIRATION SMALL-PL	20800	
EMERGENCY	98058		SHORT ARM	28075		ASPIRATION MEDIUM-PL	20805	
OFFICE VISIT (ESTABLISHED)			LONG LEG	28085		ASPIRATION LARGE-PL	20810	
LEVEL	9821		SHORT LEG	28425		TRIGGER POINT-PL	20850	
COMPLICATING (9821...)-24			PLASTER/WOLLS	A4880		CHESTSTONE CC	J0704	
SURGICAL FOLLOW-UP	98024		PLASTER/WOLLS	A4880		KENELOG CC	J8301	
CONSULTATIONS DR.			UNNA BOOT	28580		DEBRIDEMENT	11040	
LEVEL	9824		FINGER SPLINT	29130		PIN REMOVAL	20870	
SECOND OPINION (DR.)			ELASTICS	50280		EX FIX REMOVAL	20880	
LEVEL	9827		REMOVAL CAST	28705		X-RAY CONSULTATION	75140	
IME	98455		WINDOW CAST	28730		SPECIAL REPORTS	99080	
BASE MANAGEMENT			WEDGE CAST	28770		EDUCATIONAL	99071	
WITH PATIENT	98354		MINOR SURGERY			MEDICAL TESTIMONY	99075	
W/O PATIENT	98355					FRACTURE CARE ()		
PHONE	9837					OTHER ()		
						SUPPLIES ()		

CERVICAL TUNNEL SYNDROME

DIAGNOSIS: ()

DATE OF INJURY FIRST CONSULT

RETURN TO WORK:

() NOT YET ESTIMATED RETURN

() LIGHT DUTY ONLY AS OF

RESTRICTIONS:

URGENCY: () SO () EB () AM DATE: 1/3/08

OPERATION:

() BRC () CLR () JEPT

ANESTHESIA TESTING:

DOCTOR'S SIGNATURE

NEXT APPOINTMENT: D W M AS NEEDED

DATE: 1/5/08 DAY: TUE TIME: 8:30 AM

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

X) *[Signature]* DATE: _____

ACCOUNT INFORMATION

PATIENT INFORMATION

DATE	TIME	PATIENT	SEX: M F	PRIOR BALANCE
01/03/08	9:00A	CYNTHIA BENSON	F	79.00
CHRG. SLIP NO.	DOCTOR	LOCATION		TODAY'S CHARGES
305241 JMB		BEVERLY OFFICE		TODAY'S PAYMENT
ACCT. NO.	RESPONSIBLE PARTY	PHONE NO.		BALANCE DUE
55631	CYNTHIA	773 / 375-1933		
RECAP:	OVER 30	OVER 60	OVER 90	CURRENT
.00	.00	.00	.00	
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
DCL	318545758/	W P		
FROM DATE: 1/1/08	THRU DATE: 1/3/08	BY: <i>[Signature]</i>		

P.03/05

Patient Name: CYNTHIA BENSON
 Patient Birthdate: 09/30/1964

Account Number: 55631

Page 1

John W. Henningsen, MD
 D. Dick Nelson, MD
 Michael G. Wadley, MD
 William A. Keller, MD
 Stephen V. Farns, MD
 Michael G. Moran, MD
 Jay M. Brooker, MD
 Robert J. Strugala, MD
 Gerald F. Lodica, MD
 (oncall)

Patient Name: CYNTHIA BENSON
 Patient Birthdate: 09/30/1964

Account Number: 55631

10/20/2004

Cynthia Benson is here in follow up for her wrist. She is improved. As long as we continue with restrictions that I've recommended in the past, these continue to be permanent. They have not done that as of yet and she'll continue to need to follow up as long as they keep doing it in this way. So I will see her in a month.

JAY M. BROOKER, M.D.

Signature mechanically affixed

JMB/x

11/08/2004

Ms. Benson is here in follow up for her hands. Presently, she has been having pain in her elbow region. She has been developing tenderness and swelling over the medial epicondyle of the elbow. On exam, she has tenderness and obvious swelling over the medial epicondyle with pain with resisted flexion at the wrist. The repetitive movements that create her carpal tunnel syndrome can generate epicondylitis as well. I think she has had lateral epicondylitis in the past as well. Presently, she is doing too much repetitive flexion and is creating medial epicondylitis. She needs to keep her hand in a more neutral position. She can wear her tennis elbow brace over the medial aspect of her elbow. If things do not settle down, we may need to go down the road of needing injections or therapy.

JAY M. BROOKER, M.D.

Signature mechanically affixed

JMB/ls

MIDLAND ORTHOPEDIC ASSOCIATES, S.C.
 CHICAGO, IL

TOTAL 6 PC

GERALD R. LOFTUS, M.D.
JOHN P. SONNENBERG, M.D.
D. DIRK NELSON, M.D.
MICHAEL G. MADAY, M.D.
STEPHEN V. PERNS, D.R.M.
MICHAEL O. MORAN, M.D.
WILLIAM A. HELLER, M.D.
JAY M. BROOKER, M.D.

MIDLAND

A Division of Combined
Orthopaedic
SPECIALISTS

☐ 2880 S. WABASH SUITE 100
CHICAGO, IL 60616
773/538-4800

☐ 8735 S. MERRION LANE
HOMETOWN, IL 60438
708/425-1180

☐ 5801 S. WILLOW SPRINGS RD., #540
LA GRANGE, IL 60526
708/422-7757

☐ 9717 S. WESTERN AVE.
CHICAGO, IL 60648
773/538-8438

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	9900		LONG ARM	29088		ASPIRATION SMALL-RL	20800	
EMERGENCY	99088		SHORT ARM	29075		ASPIRATION MEDIUM-RL	20808	
OFFICE VISIT (established)			LONG LEG	29085		ASPIRATION LARGE-RL	20810	
LEVEL	9921		SHORT LEG	29425		TRIGGER POINT-RL	20820	
COMPLICATING (9921...)-24			PLASTER(ROLLS)	A4980		CELESTONE CC	J0704	
SURGICAL FOLLOW-UP	99284		FIBERGLASS(ROLLS)	A4980		KENLOG CC	J8801	
PHYSICIAN DR.			UNNA BOOT	29580		DEBRIDEMENT	11040	
LEVEL	9924		FINGER SPLINT	29180		PIN REMOVAL	20870	
SECOND OPINION (ONE)			ELASTICS	90280		EX FIX REMOVAL	20880	
LEVEL	9927		REMOVAL CAST	29705		X-RAY CONSULTATION	78140	
ME	99455		WINDOW CAST	29730		SPECIAL REPORTS	99090	
AGE MANAGEMENT			WEDGE CAST	29770		EDUCATIONAL	99071	
WITH PATIENT	99854		MINOR SURGERY			MEDICAL TESTIMONY	99075	
W/O PATIENT	99858					FRACTURE CARE		
PHONE	9987					OTHER		
						SUPPLIES		

3545 CARPAL TUNNEL SYNDROME

DIAGNOSIS: ()

MOBILITY: ()SD ()23 ()AM DATE: _____

ERATION: _____

ESTHESIA: _____ TESTING: _____

DOCTOR'S SIGNATURE

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

DATE: 10.20.04

DATE OF INJURY: _____ FIRST CONSULT: _____

RETURN TO WORK: _____

() NOT YET; ESTIMATED RETURN: _____

() LIGHT DUTY ONLY AS OF: _____

RESTRICTIONS: _____

POD-LEVEL: _____ MMI AS OF: _____

() REGULAR DUTY; NO RESTRICTIONS AS OF: _____

NEXT APPOINTMENT: _____ W _____ M _____ AS NEEDED

DATE: 1/22/05 DAY: _____ TIME: 2:45

PATIENT INFORMATION

1/14/05

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX: M F	PRIOR BALANCE
10/20/04	2:45P	CYNTHIA BENSON	F.	116.00
CHRG. SLIP NO.	DOCTOR	LOCATION	TODAY'S CHARGES	
513993 JMB		BEVERLY OFFICE		
ACCT. NO.	RESPONSIBLE PARTY	PHONE NO.	TODAY'S PAYMENT	
56631 CYNTHIA		773 / 375-1933		
RECAP:	OVER 30	OVER 60	OVER 90	CURRENT BALANCE
.00	.00	.00	.00	
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
DOL	318545758/	W P		

FROM DATE: _____

COPY: _____

THRU DATE: _____

DIAGNOSIS: _____

RALD F. LOFTUS, M.D.
 HN D. SONNENBERG, M.D.
 DIRK NELSON, M.D.
 CHAEL G. MADAY, M.D.
 EPHEN V. PERNS, D.R.M.
 CHAEL G. MORAN, M.D.
 LIAM A. HELLER, M.D.
 Y.M. BROOKER, M.D.

NEILARD

Advanced Combined
Orthopaedic
 SPECIALISTS

☐ 2640 S. WABASH SUITE 100
 CHICAGO, IL 60616
 312/482-4800

☐ 1735 S. MERRION LANE
 HOMERIDGE, IL 60438
 708/482-1180

☐ 8201 S. WILLOW SPRINGS RD., #340
 LA GRANGE, IL 60525
 708/482-7767

☐ 8717 S. WESTERN AVE
 CHICAGO, IL 60643
 773/288-2488

POE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	8820		LONG ARM	28045		ASPIRATION SMALL-R/L	20650	
EMERGENCY	88050		SHORT ARM	28075		ASPIRATION MEDIUM-R/L	20605	
POE VISIT (established)			LONG LEG	28055		ASPIRATION LARGE-R/L	20610	
LEVEL	8821		SHORT LEG	28425		TRIGGER POINT-R/L	20680	
COMPLICATING (8821)-24			PLASTER(ROLL)	A4580		CELESTONE CC	J0704	
URGICAL FOLLOW-UP	88024		FIBERGLASS(ROLL)	A4590		KENELOG CC	J5501	
CONSULTATIONS DR.			UNNA BOOT	28580		DEBRIDEMENT	11040	
LEVEL	8824		FINGER SPLINT	28180		PIN REMOVAL	20670	
BOARD OF PAIN (PME)			ELASTICS	20880		EX FIX REMOVAL	20880	
LEVEL	8827		REMOVAL CAST	28705		X-RAY CONSULTATION	76140	
IL	88488		WINDOW CAST	28750		SPECIAL REPORTS	88050	
LEG BRASS			WEDGE CAST	28770		EDUCATIONAL	88071	
1TH PATIENT	88854		MAJOR SURGERY			MEDICAL TESTIMONY	88075	
2D PATIENT	88858					FRACTURE CARE		
4ONE	88857					OTHER		
						SUPPLIES		

3540 CARRAL TUNNEL SYNDROME

AGNOSIS: ()

DATE OF INJURY FIRST CONSULT

RETURN TO WORK:

() NOT YET; ESTIMATED RETURN

() LIGHT DUTY ONLY AS OF

RESTRICTIONS:

IGERY: () BD () JS () AM DATE:

TRATION:

POC-LEVEL MMI AS OF

() REGULAR DUTY; NO RESTRICTIONS AS OF

SETHESIA: TESTING:

DOCTOR'S SIGNATURE

BY AUTHORIZING MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND
 I AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

DATE

PATIENT INFORMATION

LMD F/LI

ACCOUNT INFORMATION

DATE	TIME	PAYMENT	SEX: M F	PRIOR BALANCE
11/08/04	11:15A	CYNTHIA BENSON	F	79.00
CHRG. SLIP NO.	DOCTOR	LOCATION	TODAY'S CHARGES	
519788 JMB		BEVERLY OFFICE		
ACCT. NO.	RESPONSIBLE PARTY	PHONE NO.	TODAY'S PAYMENT	
55631	CYNTHIA	773 / 375-1933		
RECAP:	OVER 80	OVER 80	CURRENT	BALANCE DUE
.00	.00	.00	.00	
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
DOL	318545758/	W P		

FROM DATE:

COPAY #

THRU DATE:

DIAGNOSIS:

Patient Name: CYNTHIA HENSEN
 Patient Birthdate: 09/30/1954
 Account Number: 56531

C. 01/03
 Page 2

11/25/2004

Cynthia Hensen is here in follow up for her medial epicondylitis in her hands. Basically the cause of the epicondylitis is the same repetitive activities that aggravated her carpal tunnel syndrome, repetitive flexion at the wrist. I'm going to have her undergo some therapy to help improve this situation and I will see her back in a month.

JAY M. BROOKER, M.D.
 Signature mechanically affixed

JMB/r

12/29/2004

Cynthia Hensen is here in follow up for her medial epicondylitis that is related to the carpal tunnel syndrome related to the repetitive activities that develop flexion at the wrist. She's only begun therapy last week and actually should improve with rest and therapy. Therapy alone does not seem to help thus far because she continues to do the same activities at work and we're going to stop that for a couple of weeks and see if we can get her to improve effectively. If I can't get it to settle down completely, I will also inject the area.

JAY M. BROOKER, M.D.
 Signature mechanically affixed

JMB/r

01/12/2005

Cynthia Hensen is here in follow up for her medial epicondylitis. She is improving but has not fully improved as of yet. I would recommend she complete the therapy and if she has not gotten full relief, I would also recommend I inject the area.

JAY M. BROOKER, M.D.
 Signature mechanically affixed

JMB/r

MIDLAND ORTHOPEDIC ASSOCIATES, S.C.
 CHICAGO, IL

**A Division of Combined
Orthopaedic
Specialists**

2850 S. WABASH/BLITE 100
CHICAGO, IL 60616
312/842-4600

☐ 8735 S. MERRION LANE
HOMETOWN, IL 60436
708/455-1190

5201 S. WILLOW SPRINGS RD., #240
LA GRANGE, IL 60145
708/482-7767

☐ 9717 S. WESTERN AVE.
CHICAGO, IL 60643
773/238-8405

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	9920		LONG ARM	29055		ASPIRATION SMALL-PL	20800	
EMERGENCY	99058		SHORT ARM	29075		ASPIRATION MEDIUM-PL	20905	
OFFICE VISIT (Established)			LONG LEG	29355		ASPIRATION LARGE-PL	20810	
LEVEL 2	9921		SHORT LEG	29425		TRIGGER POINT-PL	20550	
COMPLICATING (9921 x) 24			PLASTER(ROLLS)	A4580		GLESTONE CO	J0704	
SURGICAL FOLLOW-UP	99084		FIBERGLASS(ROLLS)	A4580		KENELOG CO	J8301	
CONSULTATIONS DR.			UNNA BOOT	29550		DEBRIDEMENT	11040	
LEVEL	9934		FINGER SPLINT	29130		PIN REMOVAL	20870	
LESSON OF WOUND (NEW)			ELASTICS	30280		EX FIX REMOVAL	20580	
LEVEL	9937		REMOVAL CAST	29705		X-RAY CONSULTATION	75140	
IME	99455		WINDOW CAST	29730		SPECIAL REPORTS	99080	
WOUND MANAGEMENT			WEDGE CAST	29770		EDUCATIONAL	99071	
WOUND PATIENT	99354		MINOR SURGERY			MEDICAL TESTIMONY	99075	
WOUND PATIENT	99355					FRACTURE CARE		
PHONE	9937					OTHER		
						SUPPLIES		

~~3348 CARPAL TUNNEL SYNDROME~~

DIAGNOSIS: ()

DATE OF INJURY _____ FIRST CONSULT _____

RETURN TO WORK: _____

NOT YET ESTIMATED RETURN

1. LIGHT DUTY ONLY AS OF _____

RESTRICTIONS: _____

QUERY: ()DD ()20 ()AM DATE: _____

DEFINITION: _____

POC-LEVEL _____ MM: AA OF _____

() REGULAR DUTY: NO RESTRICTIONS AS OF _____

TESTING: _____

NEXT APPOINTMENT: _____ D _____ W _____ (1) M _____ AS _____

DATE: 12/29 DAY: TIME: 3:00

DOCTOR'S SIGNATURE

☒ I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND
☒ I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

Apple D. Olson DATE _____

PATIENT INFORMATION

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX: M F	PRIOR BALANCE
11/28/04	2:30P	CYNTHIA BENSON	F	158.00
OWING SLIP NO.	DOCTOR	LOCATION	TODAY'S CHARGES	
521325 JMS		BEVERLY DEECE		
ACCT. NO.	RESPONSIBLE PARTY	PHONE NO.	TODAY'S PAYMENT	
56631	CYNTHIA	773 / 375-1933		
RECAP:	OVER 30	OVER 30	OVER 30	CURRENT
.00	.00	.00	.00	BALANCE DUE
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
DOL	318548758/			
FROM DATE	THRU DATE	DISCOUNT		
COPY				

GERALD F. LOFTUS, M.D.
 JOHN D. SONNENBERG, M.D.
 D. DIRK NELSON, M.D.
 MICHAEL G. MADAY, M.D.
 STEPHEN V. PERNIS, D.R.M.
 MICHAEL G. MORAN, M.D.
 WILLIAM A. HELLER, M.D.
 JAY M. BROOKER, M.D.

MIDLAND

A Member of... Combined
Orthopaedic
 SPECIALISTS

☐ 2260 S. WABASH SUITE 107
 CHICAGO, IL 60618
 812/642-4800

☒ 8736 S. MERRION LANE
 HOMETOWN, IL 60438
 708/422-1180

☐ 5301 S. WILLOW SPRINGS RD., #340
 LA GRANGE, IL 60138
 708/422-7767

☐ 9717 S. WESTERN AVE.
 CHICAGO, IL 60648
 773/232-8495

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	9920		LONG ARM	29065		ASPIRATION SMALL-RL	20800	
EMERGENCY	99058		SHORT ARM	29076		ASPIRATION MEDIUM-RL	20806	
OFFICE VISIT (established)			LONG LEG	29355		ASPIRATION LARGE-RL	20810	
LEVEL	9921		SHORT LEG	29424		TRIGGER POINT-RL	20880	
COMPLICATING (9921) 24			PLASTER(#ROLLS)	A4580		CELESTONE .00	J0704	
SURGICAL FOLLOW-UP	99024		FIBERGLASS(#ROLLS)	A4590		KENELOG .00	J3301	
CONSULTATIONS DR.			UNNA BOOT	29580		DEBRIDEMENT	11040	
LEVEL	9924		FINGER SPLINT	29130		PIN REMOVAL	20870	
SECOND OPINION (IME)			ELASTICS	50260		EX FIX REMOVAL	20680	
LEVEL	9927		REMOVAL CAST	29705		X-RAY CONSULTATION	78140	
IME	99468		WINDOW CAST	29730		SPECIAL REPORTS	99080	
BASE MANAGEMENT			WEDGE CAST	29770		EDUCATIONAL	99071	
WITH PATIENT	99254		MINOR SURGERY			MEDICAL TESTIMONY	99075	
W/O PATIENT	99355					FRACTURE CARE ()		
PHONE	9937					OTHER ()		
						SUPPLIES ()		

DIAGNOSIS: ()

INJURY: ()SD ()SS ()AM DATE:

OPERATION:

ESTHESIA: TESTING:

DOCTOR'S SIGNATURE

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

DATE 12/22/04

PATIENT INFORMATION

DATE	TIME	PATIENT	SEX: M F	PRIOR BALANCE
12/22/04	2:00P	CYNTHIA BENSON	F	79.00
CHRG. SLIP NO.	DOCTOR	LOCATION	TODAY'S CHARGES	
529813	HAND THERAPY	HOMETOWN OFFICE		
ACCT. NO.	RESPONSIBLE PARTY	PHONE NO.	TODAY'S PAYMENT	
56631	CYNTHIA	773 / 375-1933		
ARCAP:	OVER 90	OVER 60	OVER 30	CURRENT
.00	.00	.00	.00	.00
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
POL	318545758/	P		
FROM DATE:	THRU DATE:	DIAGNOSIS:		
COPY \$				

~~DIAGNOSIS~~

GERALD F. LOFTUS, M.D.
JOHN D. SONNENBERG, M.D.
D. DIRK NELSON, M.D.
MICHAEL G. MADAY, M.D.
STEPHEN V. PEARNS, D.M.
MICHAEL C. MORAN, M.D.
WILLIAM A. HELLER, M.D.
JAY M. BROOKER, M.D.
ROBERT J. STRUGALA, M.D.

MIDLAND

A Member of Combined
Orthopaedic
SPECIALISTS

☐ 3660 S. WABASH SUITE 100
CHICAGO, IL 60616
812/648-4400

☐ 8736 S. MERRION LANE
HOMETOWN, IL 60458
708/426-1160

☐ 2201 S. WILLOW SPRINGS RD., #640
LA GRANGE, IL 60525
708/422-7767

☐ 8717 S. WESTERN AVE
CHICAGO, IL 60643
773/498-5486

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	9930		LONG ARM	29065		ASPIRATION SMALL-P/L	20600	
EMERGENCY	99052		SHORT ARM	29078		ASPIRATION MEDIUM-P/L	20606	
OFFICE VISIT (established)			LONG LEG	29088		ASPIRATION LARGE-P/L	20610	
LEVEL	9921		SHORT LEG	29435		TRIGGER POINT-P/L	20650	
COMPLICATING (9921) > 24			PLASTER(ROLLS)	A4680		CELESTONE	J3704	
SURGICAL FOLLOW-UP	99024		FIBERGLASS(ROLLS)	A4690		KENELOG	J3801	
CONSULTATIONS OR			UNNA BOOT	29680		DEBRIDEMENT	11040	
LEVEL	9924		FINGER SPLINT	29130		PIN REMOVAL	20870	
SECOND OPINION (IME)			ELASTICS	20280		EX FIX REMOVAL	20880	
LEVEL	9927		REMOVAL CAST	29705		X-RAY CONSULTATION	78140	
IME	99468		WINDOW CAST	29780		SPECIAL REPORTS	99080	
CASE MANAGEMENT			WEDGE CAST	29770		EDUCATIONAL	99071	
WITH PATIENT	99054		MINOR SURGERY			MEDICAL TESTIMONY	99078	
W/O PATIENT	99355					FRACTURE CARE	()	
PHONE	99327					OTHER	()	
						SUPPLIER	()	

DIAGNOSIS: ()
INJURY: ()SD ()23 ()AM DATE:
OPERATION:
BETWEEN: TESTING:

DATE OF INJURY FIRST CONSULT
RETURN TO WORK:
() NOT YET; ESTIMATED RETURN
() LIGHT DUTY ONLY AS OF
RESTRICTIONS:

POD-LEVEL MMI AS OF
() REGULAR DUTY; NO RESTRICTIONS AS OF

NEXT APPOINTMENT: D W M AS
DATE: DAY TIME NEEDED

DOCTOR'S SIGNATURE

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

DATE 12/30/04

PATIENT INFORMATION

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX: M F	PRIOR BALANCE
12/30/04	10:00A	CYNTHIA BENSON	F	253.00
CHRG. SLIP NO.	DOCTOR	LOCATION	TODAY'S CHARGES	
531100	HAND THERAPY J.M.S.	HOMETOWN OFFICE		
ACCT. NO.	RESPONSIBLE PARTY	PHONE NO.	TODAY'S PAYMENT	
56631	CYNTHIA	173 / 375-1933		
REGAR:	OVER 90	OVER 90	OVER 90	CURRENT
.00	.00	.00	.00	BALANCE DUE
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
DOL	318565758/	F		

FROM DATE:
COPAY \$

THRU DATE:

EXPIRATION:

GERALD F. LOFTUS, M.D.
 JOHN D. SONNENBERG, M.D.
 D. DIK NIELSON, M.D.
 MICHAEL G. MADAY, M.D.
 STEPHEN V. PERNS, D.P.M.
 MICHAEL G. MORAN, M.D.
 WILLIAM A. HELLER, M.D.
 JAY M. BROOKER, M.D.
 ROBERT J. STRUGALA, M.D.

MIDLAND

A MEMBER OF
Combined
Orthopaedic
 SPECIALISTS

CHICAGO OFFICE
 1111 N. LAKE STREET
 CHICAGO, IL 60610

☐ 3550 E. WABASH SUITE 100
 CHICAGO, IL 60618
 312/448-4400

☐ 8735 S. MERRION LANE
 HOMETOWN, IL 60458
 708/488-1160

☐ 8201 S. WILLOW SPRINGS RD., #240
 LA GRANGE, IL 60526
 708/488-7767

☐ 8717 S. WESTERN AVE.
 CHICAGO, IL 60643
 773/222-6495

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	9920		LONG ARM	28085		ASPIRATION SMALL-R/L	20800	
EMERGENCY	9908R		SHORT ARM	28075		ASPIRATION MEDIUM-R/L	20805	
OFFICE VISIT (established)			LONG LEG	28085		ASPIRATION LARGE-R/L	20810	
LEVEL	9921		SHORT LEG	28425		TRIGGER POINT-R/L	40850	
COMPLICATING (9921) 24			PLASTER(ROLLS)	A4550		CELESTONE	J0704	
SURGICAL FOLLOW-UP	99024		FIBERGLASS(ROLLS)	A4560		KENELOG	J8901	
CONSULTATIONS DR.			UNNA BOOT	28550		DEBRIDEMENT	11040	
LEVEL	9904		FINGER SPLINT	28190		PIN REMOVAL	20870	
SECOND OPINION (MS)			BLASTICS	50280		EX FIX REMOVAL	20480	
LEVEL	9927		REMOVAL CAST	29705		X-RAY CONSULTATION	78140	
IME	99456		WINDOW CAST	29730		SPECIAL REPORTS	99080	
WAGE MANAGEMENT			WEDGE CAST	29770		EDUCATIONAL	99071	
WITH PATIENT	99354		MINOR SURGERY			MEDICAL TESTIMONY	99075	
W/O PATIENT	99356					FRACTURE CARE		
PHONE	9937					OTHER		
						SUPPLIES		

DIAGNOSIS: ()

DATE OF INJURY FIRST CONSULT

RETURN TO WORK:

() NOT YET; ESTIMATED RETURN

() LIGHT DUTY ONLY AS OF

RESTRICTIONS:

INJURY: () SD () JS () AM DATE:

OPERATION:

POD-LEVEL MM/ AS OF

() REGULAR DUTY; NO RESTRICTIONS AS OF

ESTHESIA: TESTING:

NEXT APPOINTMENT: D W M AS
 DATE: DAY: TIME: NEEDED

DOCTOR'S SIGNATURE

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

[Signature] DATE 1/5/08

PATIENT INFORMATION

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX: M F	PRIOR BALANCE
01/05/08	10:00A	CYNTHIA BENSON	F	74.00
CHRG. SUP NO.	DOCTOR	LOCATION	TODAY'S CHARGES	
592045	HAND THERAPY JMB	HOMETOWN OFFICE		
ACCT NO.	RESPONSIBLE PARTY	PHONE NO.	TODAY'S PAYMENT	
56631	CYNTHIA	773 / 375-1933		
RECAP:	OVER 90	OVER 90	OVER 90	CURRENT
.00	.00	.00	.00	BALANCE DUE
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
DOL	318545758/	N/P		
FROM DATE:	THRU DATE:	DIAGNOSIS:		
COPAY \$				

GERALD F. LOFTUS, M.D.
 JOHN D. SONNENBERG, M.D.
 D. DIRK NELSON, M.D.
 MICHAEL G. MADAY, M.D.
 STEPHEN V. PERNS, D.P.M.
 MICHAEL C. MORAN, M.D.
 WILLIAM A. HELLER, M.D.
 JAY M. BROOKER, M.D.
 ROBERT J. STRUGALA, M.D.

MIDLAND

Member of Combined
Orthopaedic
 SPECIALISTS

☐ 2950 S. WARASH SUITE 100
 CHICAGO, IL 60616
 812/642-4600

☐ 3735 S. MERRION LANE
 HOMETOWN, IL 60438
 708/425-1180

☐ 5201 S. WILLOW SPRINGS RD., #840
 LA GRANGE, IL 60525
 708/425-7767

☐ 6717 S. WESTERN AVE.
 CHICAGO, IL 60643
 773/238-5428

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	9920		LONG ARM	29085		ASPIRATION SMALL-PL	20800	
EMERGENCY	99059		SHORT ARM	29075		ASPIRATION MEDIUM-PL	20805	
OFFICE VISIT (established)			LONG LEG	29086		ASPIRATION LARGE-PL	20810	
LEVEL	9921		SHORT LEG	29425		TRIGGER POINT-PL	20580	
COMPLICATING	(9921) x24		PLASTER/ROLLE	A4280		CELESTONE CO	J0704	
SURGICAL FOLLOW-UP	99084		FIBERGLASS/ROLLE	A4880		KENELOG CO	J0301	
CONSULTATIONS DR.			UNNA BOOT	29580		DEBRIDEMENT	11040	
LEVEL	9924		FINGER SPLINT	29130		PIN REMOVAL	20670	
SECOND OPINION (IMM)			ELASTICS	20280		EX FIX REMOVAL	20680	
LEVEL	9927		REMOVAL CAST	29705		X-RAY CONSULTATION	76140	
IME	99486		WINDOW CAST	29720		SPECIAL REPORTS	90080	
CASE MANAGEMENT			WEDGE CAST	29770		EDUCATIONAL	99071	
WITH PATIENT	99354		MINOR SURGERY			MEDICAL TESTIMONY	99075	
W/O PATIENT	99356					FRACTURE CARE		
PHONE	9937					OTHER		
						SUPPLIES		

5540 CARPAL TUNNEL SYNDROME

DIAGNOSIS: ()

DATE OF INJURY FIRST CONSULT

RETURN TO WORK:

() NOT YET; ESTIMATED RETURN

() LIGHT DUTY ONLY AS OF

RESTRICTIONS:

INJURY: () 80 () 23 () AM DATE:

OPERATION:

POD-LEVEL MM AS OF

() REGULAR DUTY; NO RESTRICTIONS AS OF

ANESTHESIA: TESTING:

DOCTOR'S SIGNATURE

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

[Signature] DATE 1/6/05

PATIENT INFORMATION

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX: M F	PRIOR BALANCE
01/06/05	10:00A	CYNTHIA BENSON	F	78.00
CHRG. SLIP NO.	DOCTOR	LOCATION		TODAY'S CHARGES
532305	HAND THERAPY	HOMETOWN OFFICE		
ACCT. NO.	RESPONSIBLE PARTY	PHONE NO.		TODAY'S PAYMENT
56631	CYNTHIA	773 / 375-1933		
RECAP:	OVER 90	OVER 90	OVER 90	CURRENT
.00	.00	.00	.00	BALANCE DUE
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
DOI	318545758/	N		
FROM DATE:	THRU DATE:	DIAGNOSIS:		
COPAY \$				

STEPHEN V. PERNS, D.P.M.
MICHAEL C. MORAN, M.D.
WILLIAM A. HELLER, M.D.
AY M. BROOKER, M.D.

CHICAGO, ILL. 60601
773/335-3446

☐ 2850 S. WABASH SUITE 100
CHICAGO, IL 60608
773/335-3446

☐ 5726 S. MERRION LANE
NORWICH, IL 60455
708/452-1160

☐ 6201 S. WILLOW SPRINGS RD., #340
LA GRANGE, IL 60525
708/452-7757

☐ 9717 S. WESTERN AVE.
CHICAGO, IL 60643
773/335-3446

OFFICE VISIT (NEW)	CODE	PER	CASTING	CODE	PER	OTHER SERVICES	CODE	PER
LEVEL	2820		LONG ARM	28088		ASPIRATION SMALL-P/L	28080	
EMERGENCY	28088		SHORT ARM	28075		ASPIRATION MEDIUM-P/L	28085	
OFFICE VISIT (Established)			LONG LEG	28085		ASPIRATION LARGE-P/L	28090	
LEVEL 3	28081		SHORT LEG	28086		TRIGGER POINT-P/L	28090	
COMPLICATING (28081) - 24			PLASTER (ROLL)	A4680		CELESTONE CC	30704	
SURGICAL FOLLOW-UP	28024		FIBERGLASS (ROLL)	A4680		KNEELOG CC	30801	
CONSULTATIONS DR.			UNNA BOOT	28080		DEBRIDEMENT	11040	
LEVEL	28024		FINGER SPLINT	28150		PIN REMOVAL	20870	
SECOND OPINION (IME)			ELASTICS	20880		EX FIX REMOVAL	20880	
LEVEL	28027		REMOVAL CAST	28708		X-RAY CONSULTATION	78140	
IME	28450		WINDOW CAST	28708		SPECIAL REPORTS	28080	
WOUND MANAGEMENT			WEDGE CAST	28770		EDUCATIONAL	28071	
WITH PATIENT	28064		MINOR SURGERY			MEDICAL TESTIMONY	28078	
W/O PATIENT	28068					FRACTURE CARE		
PHONE	28037					OTHER		
						SUPPLIES		

DIAGNOSIS: ()

INJURY: () () () () AM DATE

OPERATION:

ANESTHESIA: TESTING:

DOCTOR'S SIGNATURE

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

DATE

PATIENT INFORMATION

210K F/U

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX M F	PRIOR BALANCE
01/12/05	2:00P	CYNTHIA BENSON	F	174.00
CHRG. SLIP NO.	DOCTOR	LOCATION	TODAY'S CHARGES	
331031 JMB		BEVERLY OFFICE		
ADD. NO.	RESPONSIBLE PARTY	PHONE NO.	TODAY'S PAYMENT	
55631	CYNTHIA	773 / 375-1933		
RECAP:	OVER 10	OVER 20	OVER 30	CURRENT
.00	.00	.00	.00	.00
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
DOL	318545758/	W		
FROM DATE	THRU DATE	DIAGNOSIS		
COPY 1				

DATE OF INJURY FIRST CONSULT

RETURN TO WORK:

() NOT YET; ESTIMATED RETURN

() LIGHT DUTY ONLY AS OF

RESTRICTIONS:

Should not be doing

any heavy lifting or

driving a car or

operating a machine

PDC-LEVEL MNI AS OF

() REGULAR DUTY; NO RESTRICTIONS AS OF

NEXT APPOINTMENT

DATE: 2/2/05 DAY: WED TIME: 2:00P

GERALD F. LOFTUS, M.D.
JOHN D. SONNENBERG, M.D.
D. DIRK NELSON, M.D.
MICHAEL G. MADAY, M.D.
STEPHEN V. PERNS, D.R.M.
MICHAEL C. MORAN, M.D.
WILLIAM A. HELLER, M.D.
JAY M. BROOKER, M.D.
ROBERT J. STRUGALA, M.D.

MIDLAND

A Division of Combined
Orthopaedic
SPECIALISTS

☐ 2840 S. WABASH SUITE 100
CHICAGO, IL 60616
312/842-4800

☐ 5785 S. MERRION LANE
HOMETOWN, IL 60466
708/425-1180

☐ 4301 S. WILLOW SPRINGS RD., #340
LA GRANGE, IL 60526
708/482-7787

☐ 9717 S. WESTERN AVE.
CHICAGO, IL 60649
773/222-6495

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	8020		LONG ARM	29065		ASPIRATION SMALL-RL	20800	
EMERGENCY	90058		SHORT ARM	29075		ASPIRATION MEDIUM-RL	20805	
OFFICE VISIT (established)			LONG LEG	29085		ASPIRATION LARGE-RL	20810	
LEVEL	8821		SHORT LEG	29435		TRIGGER POINT-RL	20880	
COMPLICATING (8821)-24			PLASTER/ROLLS	A4580		CELESTONE	J0704	
SURGICAL FOLLOW-UP	90084		FIBERGLASS/ROLLS	A4590		KENELOS	J0801	
CONSULTATIONS DR.			UNNA BOOT	28540		DEBRIDEMENT	11040	
LEVEL	8824		FINGER SPLINT	28130		PIN REMOVAL	20870	
SECOND OPINION (IME)			ELASTICS	80280		EX PIX REMOVAL	20880	
LEVEL	8827		REMOVAL CAST	29705		X-RAY CONSULTATION	78140	
IME	88458		WINDOW CAST	29730		SPECIAL REPORTS	88080	
CASE MANAGEMENT			WEDGE CAST	29770		EDUCATIONAL	88071	
WITH PATIENT	88554		MINOR SURGERY			MEDICAL TESTIMONY	88075	
W/O PATIENT	88558					FRACTURE CARE		
PHONE	88597					OTHER		
						SUPPLIES		

3340 CARPAL TUNNEL SYNDROME

DIAGNOSIS: ()

DATE OF INJURY: FIRST CONSULT:

RETURN TO WORK:

() NOT YET, ESTIMATED RETURN:

() LIGHT DUTY ONLY AS OF:

RESTRICTIONS:

JOBBY: () SU () RD () AM DATE:

PERATION:

() BRD () CLR () EPT

NESTHERIA: TESTING:

DOCTOR'S SIGNATURE

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND

I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

x *[Signature]* *[Signature]* DATE 1/12/05

ACCOUNT INFORMATION

PATIENT INFORMATION

DATE	TIME	PATIENT	SEX: M F	PRIOR BALANCE
01/12/05	1:15P	CYNTHIA BENSON	F	653.00
CHRG. SLIP NO.	DOCTOR	LOCATION		TODAY'S CHARGES
533685	HAND THERAPY	HOMETOWN OFFICE		
ACCT. NO.	RESPONSIBLE PARTY	PHONE NO.		TODAY'S PAYMENT
56631	CYNTHIA	773 / 375-1933		
RECAP:	OVER 90	OVER 90	OVER 90	CURRENT
.00	.00	.00	.00	BALANCE DUE
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
DOL	318545758/			
FROM DATE:	THRU DATE:	DIAGNOSIS:		
COPY #				

GERALD F. LOFTUS, M.D.
 JOHN D. SONNENBERG, M.D.
 D. DIRK NELSON, M.D.
 MICHAEL G. MADAY, M.D.
 STEPHEN V. PERNS, D.P.M.
 MICHAEL C. MORAN, M.D.
 WILLIAM A. HELLER, M.D.
 JAY M. BROOKER, M.D.
 ROBERT J. STRUGALA, M.D.

MIDLAND

CONFIDENTIAL

A Member of Combined
Orthopaedic
 SPECIALISTS

☐ 8880 S. WABASH SUITE 100
 CHICAGO, IL 60616
 812/842-4900

☐ 8738 S. MERRION LANE
 HOMETOWN, IL 60468
 708/482-1150

☐ 8801 S. WILLOW SPRINGS RD., 6840
 LA GRANGE, IL 60525
 708/482-7767

☐ 9717 S. WESTERN AVE.
 CHICAGO, IL 60648
 773/288-8466

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	8820		LONG ARM	28068		ASPIRATION SMALL-R/L	80800	
EMERGENCY	88058		SHORT ARM	28078		ASPIRATION MEDIUM-R/L	20805	
OFFICE VISIT (established)			LONG LEG	28088		ASPIRATION LARGE-R/L	20810	
LEVEL	8821		SHORT LEG	28485		TRIGGER POINT-R/L	20820	
COMPLICATING (8821) 24			PLASTER(ROLLS)	A4880		CELESTONE	00	J0704
SURGICAL FOLLOW-UP	88084		FIBERGLASS(ROLLS)	A4890		KENELOG	00	J8301
CONSULTATIONS DR.			UNNA BOOT	28580		DEBRIDEMENT	11040	
LEVEL	8824		FINGER SPLINT	28180		PIN REMOVAL	20870	
SECOND OPINION (IME)			ELASTICS	80880		EX FIX REMOVAL	20880	
LEVEL	8827		REMOVAL CAST	28706		X-RAY CONSULTATION	78140	
IME	88458		WINDOW CAST	28730		SPECIAL REPORTS	88080	
CASE MANAGEMENT			WEDGE CAST	28770		EDUCATIONAL	88071	
WITH PATIENT	88354		MINOR SURGERY			MEDICAL TESTIMONY	88075	
W/O PATIENT	88368					FRACTURE CARE	()	
PHONE	8837					OTHER	()	
						SUPPLIES	()	

Carpal Tunnel Syndrome

DIAGNOSIS: ()

DATE OF INJURY: FIRST CONSULT:

RETURN TO WORK:

() NOT YET ESTIMATED RETURN

() LIGHT DUTY ONLY AS OF

RESTRICTIONS:

INJURY: () MD () MS () AM DATE:

OPERATION:

PDC-LEVEL: MMI AS OF

() REGULAR DUTY; NO RESTRICTIONS AS OF

ANESTHESIA: TESTING:

NEXT APPOINTMENT: D W M AS

DATE: DAY: TIME: NEEDED

DOCTOR'S SIGNATURE

HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND
 I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

[Signature] DATE 1/18/09

PATIENT INFORMATION

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX: M F	PRIOR BALANCE
01/18/09	9:00A	CYNTHIA BENSON	F	653.00
CHRG. SLIP NO.	DOCTOR	LOCATION		TODAY'S CHARGES
534600	HAND THERAPY	JLB	HOMETOWN OFFICE	
ADCT.NO.	RESPONSIBLE PARTY	PHONE NO.		TODAY'S PAYMENT
56691	CYNTHIA	773 / 375-1933		
RECAP:	OVER 80	OVER 80	OVER 80	CURRENT
.00	.00	.00	.00	BALANCE DUE
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
DCL	318505756/			
FROM DATE:	THRU DATE:	DIAGNOSTIC:		
COPY 3				

GERALD K. LOFTUS, M.D.
 JOHN D. SONNENBERG, M.D.
 D. DIRK NELSON, M.D.
 MICHAEL G. MADAY, M.D.
 STEPHEN V. PERNS, D.P.M.
 MICHAEL C. MORAN, M.D.
 WILLIAM A. HELLER, M.D.
 JAY M. BROOKER, M.D.
 ROBERT J. STRUGALA, M.D.

MIDLAND

ORTHOPEDIC
 1115-2111

A Member of Combined
Orthopaedic
 SPECIALISTS

☐ 2880 N. WABASH SUITE 100
 CHICAGO, IL 60618
 312/842-4800

☐ 8735 S. MERRION LANE
 HOMETOWN, IL 60465
 708/428-1180

☐ 6201 S. WILLOW SPRINGS RD., #840
 LA GRANGE, IL 60525
 708/428-7787

☐ 9717 S. WESTERN AVE.
 CHICAGO, IL 60643
 773/289-5418

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	9920		LONG ARM	29005		ASPIRATION SMALL-P/L	20600	
EMERGENCY	99085		SHORT ARM	29075		ASPIRATION MEDIUM-P/L	20605	
OFFICE VISIT (established)			LONG LEG	29085		ASPIRATION LARGE-P/L	20610	
LEVEL	9921		SHORT LEG	29105		TRIGGER POINT-P/L	20650	
COMPLICATING (9921) 24			PLASTER (ROLLS)	A4880		CELESTONE DO	J0704	
SURGICAL FOLLOW-UP	99024		FIBERGLASS (ROLLS)	A4890		KENLOG DO	J3201	
CONSULTATIONS DR.			UNNA BOOT	29850		DEBRIDEMENT	11040	
LEVEL	9924		FINGER SPLINT	29130		PIN REMOVAL	20670	
SECOND OPINION (IME)			ELASTICS	20280		EX FIX REMOVAL	20680	
LEVEL	9927		REMOVAL CAST	29705		X-RAY CONSULTATION	78140	
IME	99459		WINDOW CAST	29750		SPECIAL REPORTS	99080	
CASE MANAGEMENT			WEDGE CAST	29770		EDUCATIONAL	99070	
WITH PATIENT	99354		MINOR SURGERY			MEDICAL TESTIMONY	99075	
W/O PATIENT	99359					FRACTURE CARE		
PHONE	9937					OTHER		
						SUPPLIES		

DIAGNOSIS: ()

DATE OF INJURY FIRST CONSULT

RETURN TO WORK:

() NOT YET; ESTIMATED RETURN

() LIGHT DUTY ONLY AS OF

RESTRICTIONS:

URGENT: () 9D () 20 () AM DATE:

OPERATION:

PDQ-LEVEL MMI AS OF

() REGULAR DUTY; NO RESTRICTIONS AS OF

TESTING:

DOCTOR'S SIGNATURE

NEXT APPOINTMENT: D W M AS

DATE: DAY: TIME: NEEDED

BY AUTHORIZING MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND BY AUTHORIZING THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

DATE 1/19/05

IT INFORMATION

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX: M F	PRIOR BALANCE
01/18/05	10:00A	CYNTHIA BENSON	F	653.00
CHRG. SLIP NO.	DOCTOR	LOCATION	TODAY'S CHARGES	
534954	HAND THERAPY	HOMETOWN OFFICE		
ACCT. NO.	RESPONSIBLE PARTY	PHONE NO.	TODAY'S PAYMENT	
56631	CYNTHIA	773 / 375-1933		
RECAP:	OVER 80	OVER 60	OVER 50	CURRENT
.00	.00	.00	.00	BALANCE DUE
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
DOI	31854575H/	N		
DATE:	DATE:	DATE:		
COPY \$				

GERALD F. LOFTUS, M.D.
 JOHN D. SONNENBERG, M.D.
 D. DIRK NELSON, M.D.
 MICHAEL G. MADAY, M.D.
 STEPHEN V. PERNS, D.P.M.
 MICHAEL C. MORAN, M.D.
 WILLIAM A. HELLER, M.D.
 JAY M. BROOKER, M.D.
 ROBERT J. STRUGALA, M.D.

MIDLAND

ORTHOPAEDIC
SPECIALISTSA Member of Combined
Orthopaedic
SPECIALISTS
☐ 2860 S. WABASH SUITE 100
 CHICAGO, IL 60616
 312/442-4920

☐ 8758 S. MERRION LANE
 HOMETOWN, IL 60458
 708/442-1180

☐ 4201 S. WILLOW SPRINGS RD., #240
 LA GRANGE, IL 60525
 708/442-7767

☐ 8717 S. WESTERN AVE.
 CHICAGO, IL 60648
 773/292-6425

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	9920		LONG ARM	29085		ASPIRATION SMALL-P/L	20800	
EMERGENCY	99058		SHORT ARM	29075		ASPIRATION MEDIUM-P/L	20805	
OFFICE VISIT (established)			LONG LEG	29365		ASPIRATION LARGE-P/L	20810	
LEVEL	9921		SHORT LEG	29425		TRIGGER POINT-P/L	20850	
COMPLICATING (9921) x24			PLASTER(ROLLS)	A4550		CELESTONE CO	J0704	
SURGICAL FOLLOW-UP	99024		FIBERGLASS(ROLLS)	A4560		KENLOG CO	J3501	
CONSULTATIONS DR.			UNNA BOOT	29580		DEBRIDEMENT	11040	
LEVEL	9924		FINGER SPLINT	29130		PIN REMOVAL	20870	
SECOND OPINION (ONE)			ELASTIC	50980		EX FIX REMOVAL	90880	
LEVEL	9927		REMOVAL CAST	29705		X-RAY CONSULTATION	76140	
IME	99455		WINDOW CAST	29700		SPECIAL REPORTS	99080	
WOUND MANAGEMENT			WEDGE CAST	29770		EDUCATIONAL	99071	
WITH PATIENT	99304		MINOR SURGERY			MEDICAL TESTIMONY	99075	
NO PATIENT	99358					FRACTURE CARE		
PHONE	9937					OTHER		
						SUPPLIES		

3-50 CERVICAL TUNNEL SYNDROME

DIAGNOSIS: ()

DATE OF INJURY: FIRST CONSULT:

RETURN TO WORK:

() NOT YET; ESTIMATED RETURN:

() LIGHT DUTY ONLY AS OF:

RESTRICTIONS:

HISTORY: () BD () 23 () AM DATE:

LOCATION:

() BRC () CLR () EPT

ANESTHESIA: TESTING:

DOCTOR'S SIGNATURE

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND
 I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

[Signature] DATE 1/20/05

PATIENT INFORMATION

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX: M F	PRIOR BALANCE
01/20/05	10:00A	CYNTHIA BENSON	F	732.00
CHRG. SLIP NO.	DOCTOR	LOCATION		TODAY'S CHARGES
535186	HAND THERAPY	HOMETOWN OFFICE		
ACCT. NO.	RESPONSIBLE PARTY	PHONE NO.		TODAY'S PAYMENT
56631	CYNTHIA	773 / 375-1933		
RECAP:	OVER 90	OVER 90	OVER 90	CURRENT
.00	.00	.00	.00	BALANCE DUE
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
DOL	318545758/			
FROM DATE:	THRU DATE:	DIAGNOSIS:		
COPY 3				

GERALD R. LOFTUS, M.D.
 JOHN D. SONNENBERG, M.D.
 D. DIRK NELSON, M.D.
 MICHAEL G. MADAY, M.D.
 STEPHEN V. PERNS, D.R.M.
 MICHAEL C. MORAN, M.D.
 WILLIAM A. HELLER, M.D.
 JAY M. BROOKER, M.D.
 ROBERT J. STRUGALA, M.D.

MIDLAND

Orth.

CONTINUATION

☐ 2950 S. WABASH SUITE 100
 CHICAGO, IL 60616
 312/443-4800

☐ 8788 S. MERRION LANE
 HOMETOWN, IL 60438
 708/482-1180

☐ 5201 S. WILLOW SPRINGS RD., #340
 LA GRANGE, IL 60525
 708/482-7787

☐ 871.
 CHICAGO
 773/220

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE
LEVEL	9920		LONG ARM	29085		ASPIRATION SMALL-RL	20800
EMERGENCY	99058		SHORT ARM	29075		ASPIRATION MEDIUM-RL	20808
OFFICE VISIT (established)			LONG LEG	29385		ASPIRATION LARGE-RL	20810
LEVEL	9921		SHORT LEG	29428		TRIGGER POINT-RL	20880
COMPLICATING	(9921) 34		PLASTER/WOLLS	A4880		CELESTONE CC	J0704
SURGICAL FOLLOW-UP	99024		FIBERGLASS/WOLLS	A4860		KENELOG CC	J8901
CONSULTATIONS DR.			UNNA BOOT	29580		DEBRIDEMENT	11040
LEVEL	9904		FINGER SPLINT	29180		PIN REMOVAL	20870
SECOND OPINION (RMR)			SLABTOS	90280		EX FIX REMOVAL	20880
LEVEL	9927		REMOVAL CAST	29705		X-RAY CONSULTATION	70140
IME	99458		WINDOW CAST	29730		SPECIAL REPORTS	99040
CASE MANAGEMENT			WEDGE CAST	29770		EDUCATIONAL	99071
WITH PATIENT	99354		MINOR SURGERY			MEDICAL TESTIMONY	99075
W/O PATIENT	99358					FRACTURE CARE	()
PHONE	9937					OTHER	()
						SUPPLIES	()

DIAGNOSIS: () CARPAL TUNNEL SYNDROME

DATE OF INJURY: _____ FIRST CONSULT: _____

RETURN TO WORK: _____

() NOT YET; ESTIMATED RETURN: _____

() LIGHT DUTY ONLY AS OF: _____

RESTRICTIONS: _____

INJURY: () BD () 23 () AM DATE: _____

OPERATION: _____

POC-LEVEL: _____ MMI AS OF: _____

() REGULAR DUTY: NO RESTRICTIONS AS OF: _____

ESTHESIA: _____ TESTING: _____

NEXT APPOINTMENT: _____ D _____ W _____ M _____ AS NEEDED

DATE: _____ DAY: _____ TIME: _____

DOCTOR'S SIGNATURE

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

DATE: 1/26/05

PATIENT INFORMATION

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX: M F	PRIOR BALANCE
01/26/05	10:00A	CYNTHIA BENSON	F	1097.00
CHRG. SLIP NO.	DOCTOR	LOCATION		TODAY'S CHARGES
916343	HAND THERAPY	HOMETOWN OFFICE		
ACCT. NO.	RESPONSIBLE PARTY	PHONE NO.		TODAY'S PAYMENT
56631	CYNTHIA	773 / 375-1933		
RECAP:	OVER 30	OVER 60	OVER 90	CURRENT
.00	.00	.00	.00	BALANCE DUE
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
DOL	318545759/			
FROM DATE:	THRU DATE:	DIAGNOSIS:		
COPY 3				

GERALD F. LOFTUS, M.D.
 JOHN D. SONNENBERG, M.D.
 D. DIRK NELSON, M.D.
 MICHAEL G. MADAY, M.D.
 STEPHEN V. PERNS, D.P.M.
 MICHAEL C. MORAN, M.D.
 WILLIAM A. HELLER, M.D.
 JAY M. BROOKER, M.D.
 ROBERT J. STRUGALA, M.D.

MIDLAND

Combined
Orthopaedic
 SPECIALISTS

☐ 2850 S. WABASH SUITE 100
 CHICAGO, IL 60616
 312/642-4800

☐ 5785 S. MERRION LANE
 HOMETOWN, IL 60468
 708/425-1180

☐ 6801 S. WILLOW SPRINGS RD., #340
 LA GRANGE, IL 60525
 708/422-7787

☐ 9717 S. WESTERN AVE.
 CHICAGO, IL 60643
 773/292-5485

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	9920		LONG ARM	28065		ASPIRATION SMALL-P/L	20600	
EMERGENCY	99085		SHORT ARM	28075		ASPIRATION MEDIUM-P/L	20605	
OFFICE VISIT (established)			LONG LEG	28305		ASPIRATION LARGE-P/L	20610	
LEVEL	9921		SHORT LEG	28425		TRIGGER POINT-P/L	20550	
COMPLICATING (9921 J-24)			PLASTER (#ROLLS)	A1580		CELESTONE CC	J0704	
SURGICAL FOLLOW-UP	99024		FIBERGLASS (#ROLLS)	A1590		KENELDG CC	J8301	
CONSULTATIONS DR.			UNNA BOOT	29580		DEBRIDEMENT	11040	
LEVEL	9924		FINGER SPLINT	28130		PIN REMOVAL	20670	
SECOND OPINION (IME)			ELASTICS	50280		EX FIX REMOVAL	20580	
LEVEL	9927		REMOVAL CAST	99705		X-RAY CONSULTATION	76140	
IME	99459		WINDOW CAST	29730		SPECIAL REPORTS	99080	
CASE MANAGEMENT			WEDGE CAST	99770		EDUCATIONAL	99071	
WITH PATIENT	99354		MINOR SURGERY			MEDICAL TESTIMONY	99075	
W/O PATIENT	99355					FRACTURE CARE		
PHONE	9937					OTHER		
						SUPPLIES		

3300 CARPAL TUNNEL SYNDROME

DIAGNOSIS: ()

INJURY: () ED () IS () AM DATE:

OPERATION:

ANESTHESIA: TESTING:

DATE OF INJURY: FIRST CONSULT:

RETURN TO WORK:

() NOT YET ESTIMATED RETURN

() LIGHT DUTY ONLY AS OF

RESTRICTIONS:

POD-LEVEL: MMI AS OF

() REGULAR DUTY: NO RESTRICTIONS AS OF

NEXT APPOINTMENT: D W M AS
 DATE: DAY: TIME: NEEDED

DOCTOR'S SIGNATURE

BY AUTHORIZING MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND
 REBY AUTHORIZING THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

DATE: 1/27/05

PATIENT INFORMATION

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX: M F	PRIOR BALANCE
01/27/05	10:00A	CYNTHIA BENSON	F	1097.00
CHRG. SLIP NO.	DOCTOR	LOCATION		TODAY'S CHARGES
538649	HAND THERAPY	HOMETOWN OFFICE		TODAY'S PAYMENT
AGRT. NO.	RESPONSIBLE PARTY	PHONE NO.		BALANCE DUE
56631	CYNTHIA	773 / 373-1939		
FROM:	OVER 90	OVER 90	OVER 90	CURRENT
00	00	00	00	
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
DOL	318545759/	N		
FROM DATE:	THRU DATE:	DIAGNOSIS:		
COPAY \$				

☐ 8717 S. WESTERN AVE.
CHICAGO, IL 60643
773/231-5455

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX: M F	PRIOR BALANCE
02/02/05	2:00P	CYNTHIA BENSON	F	1226.00
CHRG SLIP NO. 533704 JMB	DOCTOR	LOCATION BEVERLY OFFICE	TODAY'S CHARGES	
ACCT NO. 56631	RESPONSIBLE PARTY CYNTHIA	PHONE NO. 773 / 375-1933	TODAY'S PAYMENT	
RECAP:	OVER 60 .00	OVER 60 .00	OVER 60 .00	CURRENT .00
INSURANCE COMPANY DO			POLICY NUMBER 318545758/	BALANCE TYPE
FROM DATE:	THRU DATE:	DIAGNOSIS:		
COPY #				

Patient Name: CYNTHIA BENSON
 Patient Birthdate: 09/30/1944

Account Number: 56631

Page 3

02/02/2008

Cynthia Benson is here in follow up for her medial epicondylitis. Presently everything is recovering and is functioning nicely. She needs to continue with the following restrictions:

The patient will be allowed to do lifting up to 8 pounds. The patient should not do repetitive lifting involving lifting for more than 4 items without taking a rest which would involve at least a 15 minute rest. The patient is not allowed to repetitively grasp and reach overhead or in front of her to case mail due to the repetitive strain that this creates to the medial epicondyle on the rotator cuff region. The patient is not allowed to do any repetitive data entry with keyboard, is allowed to do occasional data entry involving typing that does not involve data of more than minimal information such as one or two sentences at a time. She should not be doing data entry that involves 100 to 200 words per minute for several hours at a time, occasional data entry for purpose of documentation at her work is o.k. to do. She is not allowed to do any repetitive lifting or jacking of the arms that involves heavier lifting than the mentioned weight. In terms of repetitive activity she should never do repetitive lifting as stated earlier. She should only do very low amounts for very short repetitions such as 4 times. She can perform the functions of a clerk or secretarial type person. I am only concerned about the repetitive activities involved in casing mail. My experience with other patients is that it generally exacerbates conditions that involve carpal tunnel syndrome or epicondylitis or impingement of the shoulder due to the fact that the casing mail involves several hours of repetitively moving mail from one position to the next at a rapid pace and this is not something that the patient is capable of performing at all.

This should be permanently noted. It is not going to change. The remainder of her functions are intact. She can do gross and fine manipulation. She is simply not allowed to do repetitive activities as stated earlier that involve flexion, extension of the wrist, elbow and shoulder.

Should you have any further questions, please feel free to contact me directly.

Incidentally please note that answering a telephone is not a repetitive activity and that this problem could simply be remedied if there was a great concern by giving her a corded headset that does not involve lifting a receiver. However, I do not feel that repetitive lifting a telephone 25 times a day is going to create a problem.

W. M. BROOKER, M.D.

Signature mechanically affixed

WMB/r

File Number: 102007312
CA-1008-D-CL

U.S. DEPARTMENT OF LABOR

US DEPT OF LABOR CENTRAL MAILROOM
DISTRICT 10
PO BOX 8300
LONDON, KY 40742-8300
Phone: (312) 598-7135

February 7, 2005

Date of Injury: 08/01/2001
Employee: CYNTHIA D. BENSON

CYNTHIA DIANE BENSON
7337 S SHORE DR
CHGO, IL 60649

Dear Sir/Madam:

This is to notify you that 72832 Bilateral epicondylitis, has ben included as your work related diagnosis due to the above injury.

Please advise all medical providers who are treating you for this injury of the accepted ICD-9 code(s). If this code needs to be revised, your doctor should explain in writing. Accurate coding facilitates timely bill processing.

Your file indicate you have been released to limited duty..

If you have any questions regarding your claim you may contact the Office at the above address. Automated information regarding compensation payments is available 24 hours per day by phoning 1-866-OWCP IVR (1-866-692-7487). All medical providers should call 1-866-335-8319 for any and all requests for authorization. For all inquiries regarding any and all bills, including claimant reimbursements, contact 1-866-335-8319.

Sincerely,


Paula Spriggins
Claims Examiner

US POSTAL SERVICE
CHICAGO - SOUTH SUBURBAN MSC
INJURY COMPENSATION UNIT
6801 WEST 73RD STREET
BEDFORD PARK, IL 60498

Patient Birthdate: 09/30/1964 Account Number: 86631

P. 01/05

700-740-4060
FAX

03/02/2005

Cynthia Benson is here in follow up for her epicondylitis. She is improved with the appropriate restrictions. They have not really allowed her to work that much. I feel that she could perform 10 to 40 hours a week of lighter work but I don't know that they're really offering that for her right now. I will see her back in about 4 weeks.

JAY M. BROOKER, M.D.
Signature mechanically affixed

JMB/r

04/13/2005

I did a work capacity evaluation for Ms. Benson today which essentially gives her final restrictions as one to two hours of general reaching, no reaching over the shoulder, no repetitive movements of the wrist and elbow, no pushing, pulling or lifting more than 1 or 2 hours with a cart. She should only push or pull 15 pounds and she should lift only 9 pounds. She should be able to take breaks every 15 minutes for short periods of time up to 10 minutes and that should allow everything that may become inflamed to settle down. I will assess her at this point whenever she needs to.

JAY M. BROOKER, M.D.
Signature mechanically affixed

JMB/r

05/23/2005

Cynthia Benson is here in follow up for her carpal tunnel syndrome and cubital tunnel syndrome of both hands. She is here for filing of paperwork to obtain permanent impairment rating. I did that and I will have her follow up as needed.

She was given a job offer that does not include the original restriction that she should have; two days consecutively off, to allow her symptoms to settle down. I feel that with nerve impingement at the carpal tunnel and the cubital tunnel of both arms, she would be better off if she were allowed to rest for two consecutive days to allow this to settle down. This is the only modification of the permanent duties that I would state would be necessary. Everything else that she has been offered

MIDLAND ORTHOPEDIC ASSOCIATES, S.C.
CHICAGO, IL

PATIENT NAME: GAY, M. BROOKER
Patient Birthdate: 09/30/1964

P. 04/05

seems acceptable.

GAY M. BROOKER, M.D.

Signature mechanically affixed

DMB/r

MIDLAND OCEANOGRAPHIC ASSOCIATES, S.C.
CHICAGO, IL

File Number: 102007312
CA-6015-O-J

U.S. DEPARTMENT OF LABOR

US DEPT OF LABOR CENTRAL MAILROOM
DISTRICT 10
PO BOX 8300
LONDON, KY 40742-8300
Phone: (312) 596-7157

March 14, 2005

Date of Injury: 08/01/2001
Employee: CYNTHIA D. BENSON

✓
CYNTHIA DIANE BENSON
7337 S SHORE DR
CHGO, IL 60649

Dear Ms. BENSON:

Please arrange for the physician that is treating you for your employment related condition to complete the enclosed work tolerance questionnaire OWCP-5c.

We are requesting this information in order to determine the extent of your continuing employment-related disability.

Please ensure that your physician returns the completed form within 30 days.

Sincerely,


Paula Spriggins
Claims Examiner

Enclosure(s): OWCP-5c

US POSTAL SERVICE
CHICAGO - SOUTH SUBURBAN MSC
INJURY COMPENSATION UNIT
6801 WEST 73RD STREET
BEDFORD PARK, IL 60499

03/15/2005 15:49 789569441

USPS

PAGE 02

Employing Agency Portion
 For first CA-7 claim sent, complete sections 8 through 15. **10 -**
 For subsequent claims, complete sections 12 through 15 only. **2007312**

SECTION 8		Show Pay Rate as of Base Pay		Additional Pay		Additional Pay		Additional Pay	
Date of Injury:				Type		Type		Type	
Date:	1/1/05	\$	per	\$	per	\$	per	\$	per
Grade:	SL-1								
Date Employee Started Work:				Type		Type		Type	
Date:	1/1/05	\$	per	\$	per	\$	per	\$	per
Grade:	SL-1								

Additional pay types include, but are not limited to: Night differential (ND), Sunday Premium (SP), Holiday Premium (HP), Substantial (SUB), Quarters (QTR), etc. (List each separately)

SECTION 9

- a. Does employee work a fixed 40-hour per week schedule? Yes ☐ No ☐
 1. If Yes, circle scheduled days: S M T W TH F S
 2. If No, show scheduled hours for the two week pay period in which work stopped. Circle the day that work stopped.

FOR EXAMPLE ONLY

	S	M	T	W	TH	F	S
WEEK 1 From 5/14 to 5/20		3	4	5	6		
WEEK 2 From 5/21 to 5/27		3		5	6		4

WEEK 1

From _____ to _____

WEEK 2

From _____ to _____

	S	M	T	W	TH	F	S
WEEK 1 From _____ to _____							
WEEK 2 From _____ to _____							

- b. Did employee work in position for 11 months prior to injury? Yes ☐ No ☐
 If No, would position have afforded employment for 11 months but for the injury? Yes ☐ No ☐

SECTION 10 On date pay stopped, was employee enrolled in:

- a. Health Benefits under the FEMBP? ☐ No ☐ Yes Code ☐☐☐
 c. Optional Life Insurance? ☐ No ☐ Yes Class ☐
 b. Basic Life Insurance? ☐ No ☐ Yes
 d. A Retirement System? ☐ No ☐ Yes Plan ☐

SECTION 11 Continuation of Pay (COP) Received (show inclusive dates):

From _____ To _____ Intermittent? ☐ Yes — Complete Time Analysis Sheet, Form CA-7a
☐ No

SECTION 12 Show pay status and inclusive dates for period(s) claimed:

Sick Leave	From	1/1/05	To	1/1/05	Intermittent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Intermittent, complete Form CA-7a, True Analysis Sheet. If leave buy back, also submit completed Form CA-7a.
Annual Leave	From	1/1/05	To	1/1/05	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Leave without Pay	From	1/1/05	To	1/1/05	<input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION 13 Did employee return to work? Yes ☒ No ☐
If Yes, date _____

If returned, did employee return to the pre-date-of-injury job, with the same number of hours and the same duties?
 Yes ☐ No ☐ If No, explain: _____

SECTION 14 Remarks: *This woman works for Navy Key Committee & drives a 'Pink Car'. She must have top sales to earn a vehicle. Please investigate this in earnings. She is not reporting.*

SECTION 15 An employing agency official who knowingly certifies to any false statement, misrepresentation, or concealment of fact, with respect to this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on this form is true to the best of my knowledge, with any exceptions noted in Section 14, Remarks, above.

Signature *John C. Schultz* Title *IC Specialist* Date *3/16/05*

Name of Agency _____

If OWCP needs specific pay information, the person who should be contacted is:

Name _____ Title _____
 Telephone No. *MO 91563-7478* Fax No. *MO 91563-9441*

INJURY COMPENSATION UNIT
CENTRAL ILLINOIS DISTRICT
6801 W 73rd STREET
SPRINGFIELD, IL 62769-9445

Work Capacity Evaluation
Musculoskeletal Conditions

U.S. Department of Labor

Employment Standards Administration
Office of Workers' Compensation Programs

ME-OV

Injured Worker's Name (First, middle, last)
CYNTHIA D. BENSONOWCP No.
102007312OMB No: 1215-0103
Expires: 08-31-2006

Please answer the questions below concerning your patient (named above) for whom the Office of Workers' Compensation Programs (OWCP) has accepted the following conditions:

1a. Is the worker capable of performing his/her usual job? ☐ Yes ☒ No. If no, please explain.

Many employers can readily accommodate medical restrictions including assignment of the injured worker into an alternative work location.

b. If the claimant is unable to perform his/her usual job, is the claimant able to work for 8 hours per work day with restrictions? ☒ Yes ☐ No. If no, please provide medical reasons to support your opinion.

c. If less than 8 hour per workday, how many can he/she work?

d. Do you anticipate an increase in the number of hours this person will be able to work? ☐ Yes ☒ No

e. If yes, when will this person achieve an 8 hour workday? If no, please provide medical reasons to support your opinion.

f. How long will the restrictions apply? Permanentg. Has maximum medical improvement been reached? ☒ Yes ☐ No.

2. Please indicate whether this person has any LIMITATION in the activity listed and how many hours this person can perform each activity. If there are limitations in lifting, pulling and/or pushing, please provide the maximum number of pounds that can be handled by this person.

Activity	Limitation	# of Hours Able to Work
Sitting	<input checked="" type="checkbox"/> Yes	8
Walking	<input type="checkbox"/> Yes	8
Standing	<input type="checkbox"/> Yes	8
Reaching	<input checked="" type="checkbox"/> Yes	10
Reaching above	<input checked="" type="checkbox"/> Yes	0
Shoulder	<input checked="" type="checkbox"/> Yes	4-5
Twisting	<input checked="" type="checkbox"/> Yes	4-5
Bending/Stooping	<input checked="" type="checkbox"/> Yes	8
Operating Motor Vehicle at work	<input checked="" type="checkbox"/> Yes	8
Operating a Motor Vehicle to/from work	<input checked="" type="checkbox"/> Yes	8

Activity	Limitation	# of Hours Able to Work	Lbs.
Repetitive Movements:			
Wrist	<input checked="" type="checkbox"/> Yes	0	
Elbow	<input checked="" type="checkbox"/> Yes	0	
Pushing	<input checked="" type="checkbox"/> Yes	1-2 without	15 lbs
Pulling	<input checked="" type="checkbox"/> Yes	1-2 without	15 lbs
Lifting	<input checked="" type="checkbox"/> Yes	0-2	5 lbs
Squatting	<input type="checkbox"/> Yes	8	
Kneeling	<input type="checkbox"/> Yes	8	
Climbing	<input type="checkbox"/> Yes	8	
Breaks:			
Duration	10 min	Frequency	15 minute
Duration	10 min	Frequency	15 minute

3. Are there OTHER medical facts, situational factors, equipment or devices which need to be considered in the identification of a position for this person? If so, please explain.

4. Physician's Name (Type or print)

5. Telephone

6. Signature

7. Date

The information requested will assist OWCP in determining eligibility to benefits and is required to obtain or retain a benefit. (5 USC §101 et seq.)

Public Burden Statement

We estimate that it will take an average of 15 minutes per response to complete this information collection including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Office of Workers' Compensation Programs, U.S. Department of Labor, Room 5-3229, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

DO NOT SEND THE COMPLETED FORM TO THE OFFICE SHOWN ABOVE.

GEORGE R. LOFTUS, M.D.
JOHN D. SONNENBERG, M.D.
D. DIAN NELSON, M.D.
MICHAEL G. MADAY, M.D.
STEPHEN V. PERNS, D.P.M.
MICHAEL O. MORAN, M.D.
WILLIAM A. HELLER, M.D.
JAY M. BROOKER, M.D.
ROBERT J. STRUGALA, M.D.

MIDLAND

A Member of Combined
Orthopaedic
SPECIALISTS

☐ 2890 S. WABASH SUITE 100
CHICAGO, IL 60616
312/845-4800

☐ 8765 S. MERRION LANE
HOMETOWN, IL 60439
708/455-1180

☐ 5901 S. WILLOW SPRINGS RD., #240
LA GRANGE, IL 60525
708/452-7757

☐ 8717 S. WESTERN AVE.
CHICAGO, IL 60648
773/226-5485

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	9890		LONG ARM	29085		ASPIRATION SMALL-RL	30800	
EMERGENCY	9895		SHORT ARM	29075		ASPIRATION MEDIUM-RL	30805	
OFFICE VISIT (Established)			LONG LEG	29335		ASPIRATION LARGE-RL	30810	
LEVEL	9891		SHORT LEG	29435		TRIGGER POINT-RL	30850	
COMPLICATING	(9891) -34		PLASTER (ROLLS)	A4580		CELESTONE CC	J0704	
SURGICAL FOLLOW-UP	9894		FIBERGLASS (ROLLS)	A4590		KENLOG CC	J3801	
CONSULTATIONS DR.			UNNA BOOT	29330		DEBRIDEMENT	11040	
LEVEL	9894		FINGER SPLINT	29130		PIN REMOVAL	20670	
SECOND OPINION (ONE)			ELASTIC	50880		EX FIX REMOVAL	20880	
LEVEL	9897		REMOVAL CAST	29708		X-RAY CONSULTATION	78140	
IME	98456		WINDOW CAST	29730		SPECIAL REPORTS	90080	
CASE MANAGEMENT			WEDGE CAST	29778		EDUCATIONAL	90071	
WITH PATIENT	98854		MINOR SURGERY			MEDICAL TESTIMONY	98076	
W/O PATIENT	98859					FRACTURE CARE		
PHONE	9887					OTHER		
						SUPPLIES		

DIAGNOSIS: () CARPAL TUNNEL SYNDROME

URGENT: () MD () AM DATE: _____
OPERATION: _____

DATE OF INJURY: _____ FIRST CONSULT: _____

RETURN TO WORK: _____

() NOT YET ESTIMATED RETURN _____

() LIGHT DUTY ONLY AS OF _____

RESTRICTIONS: _____

POO-LEVEL: _____ MMI AS OF _____

() REGULAR DUTY; NO RESTRICTIONS AS OF _____

VERTEBRAL: _____ TESTING: _____

DOCTOR'S SIGNATURE

NEXT APPOINTMENT: _____ D _____ W _____ M _____ AS
DATE: _____ DAY: _____ TIME: _____

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

X George R. Loftus DATE 8/4/13/05

PATIENT INFORMATION

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX: M F	PRIOR BALANCE
04/13/05	2:00P	CYNTHIA BENSON	F	252.00
CHRG. SLIP NO.	DOCTOR	LOCATION	TODAY'S CHARGES	
543778 JMB		BEVERLY OFFICE		
ADCTNO.	RESPONSIBLE PARTY	PHONE NO.	TODAY'S PAYMENT	
56531 CYNTHIA		773 / 375-1933		
RECAP:	OVER 50	OVER 50	OVER 50	CURRENT
.00	.00	.00	.00	BALANCE DUE
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
DCL	318545758/			
FROM DATE:	THRU DATE:	DIAGNOSIS:		
COPY:				

File Number: 102007312
JAXLETTER136-C-J

U.S. DEPARTMENT OF LABOR

US DEPT OF LABOR CENTRAL MAILROOM
DISTRICT 10
PO BOX 8300
LONDON, KY 40742-8300
Phone: (512) 596-7157

April 26, 2005

Date of Injury: 08/01/2001
Employee: CYNTHIA D. BENSON

US POSTAL SERVICE
CHICAGO - SOUTH SUBURBAN MSC
INJURY COMPENSATION UNIT
8801 WEST 73RD STREET
BEDFORD PARK, IL 60499

Dear Sir/Madam:

We have determined that the weight of the medical evidence in this employee's case rests with Dr. Jay Brooker who has provided permanent work tolerances and limitations. Enclosed is a copy of OWCP-5 dated 4/13/2005 which outlines these permanent restrictions.

If possible, please offer this employee a permanent job within these restrictions.

Any job offer you make must be in writing and include:

1. A description of the duties to be performed;
2. The specific physical requirements of the position;
3. The geographic location;
4. The date on which the job will be available;
5. The rate of pay for the position;
6. The date by which a response from the employee to the job offer is required.

A copy of the job offer should also be forwarded to this office.

If your agency is unable to accommodate this employee with permanent light duty, please so advise.

Your earliest response would be appreciated, preferably within the next 30 days. Please note that if your agency is unable to accommodate this employee's work restrictions, we will proceed with vocational rehabilitation intervention as necessary. Thank you for your assistance.

Sincerely,


Paula Spriggins
Claims Examiner

CYNTHIA DIANE BENSON

File Number: 102007312
JAXLETTER138-O-J

7337 S SHORE DR
CHGO, IL 60649

File Number: 100-07312
1303-nyc-O-TR

U.S. DEPARTMENT OF LABOR

EMPLOYMENT STANDARDS ADMINISTRATION
OFFICE OF WORKERS' COMP PROGRAMS
PO BOX 8300 DISTRICT 10 CHI
LONDON, KY 40742-8300
Phone: (312) 686-7157

May 23, 2005

Date of Injury: 08/01/2001
Employee: CYNTHIA D. BENSON

✓ Dr. Jay Brooker
2850 S Wabash Suite 100
Chicago IL 60616

Dear Sir/Madam:

We are asking this employee to contact you for an appointment to determine the extent of permanent partial impairment of the wrists due to the employment injury on the date above. The AMA Guides to the Evaluation of Permanent Impairment (Fifth Edition) is our standard for impairment rating purposes. Please examine this employee, provide the information requested on the attachment, and return the attachment along with this letter.

Please use a billing Form OWCP-1500a/HCFA 1500 with the claim number clearly marked in the upper right corner. The form must contain the provider's signature in Block 25 and the tax identification number (Social Security Number or EIN) in Block 33. The medical report must accompany the bill to ensure prompt payment. A bill submitted without a medical report will be held for its arrival, or returned.

If you find it necessary to obtain a consultation with another specialist or to hospitalize the claimant in order to render a fully rationalized opinion, please contact the Office at (646) 264-3000 to obtain further authorization

Sincerely,


Paula Spriggins
Claims Examiner

WRIST

CYNTHIA DIANE BENSON
7337 S SHORE DR
CHGO, IL 60649

US POSTAL SERVICE
CHICAGO - SOUTH SUBURBAN MSC
INJURY COMPENSATION UNIT
8801 WEST 73RD STREET
BEDFORD PARK, IL 60469

File Number: 1 07312

WRIST

The AMA Guidelines provide for an impairment to be calculated based on:

- A. Loss of function due to pain, discomfort, sensory, alteration (hypesthesia, dysesthesia or hyperaesthesia).
- B. Loss of function due to limitation of motion and/or ankylosis of specific joints.
- C. Loss of function due to muscle atrophy or weakness.
- D. Loss of function due to additional factors such as causalgia, instability.

Factors to be Calculated

- A. What is the intensity of the individual's wrist pain, if any? Can the discomfort or pain be localized to one particular area or nerve distribution? How does the pain or discomfort, if present, interfere with daily activity? Is there sensory loss or alteration of sensation?

It has been that can be 9/10
with working when he is unable to perform
daily activity

- B. What is the range of motion of the affected wrist compared to the opposite wrist?

1. Dorsiflexion: Affected vs. opposite side:

65°, 45° (normal dorsiflexion to 60°).

2. Palmar flexion: Affected vs. opposite side:

50°, 50° (normal to 70°).

3. Radial deviation: Affected vs. opposite side:

15°, 15° (normal to 20°).

File Number: 10 07312

4. Ulnar deviation: Affected vs. opposite side:

20 / 20 (normal to 30°).

5. Is there any ankylosis and, if so, which motion is fused and at what degree?

NO

C. Does the individual have any weakness or atrophy of the upper extremity as a result of the wrist pathology? If so, what is the estimate of the weakness and is there any measurable atrophy of the affected side vs. the opposite side? Can the weakness or atrophy, if present, be localized to a specific muscle group or a specific muscle. If grip strength is affected, what are the values on the affected side vs. the opposite side?

Are there any pinch strength changes? If so, provide the measurements for the affected side vs. the opposite side.

At the hands there is thinner atrophy
due to carpal tunnel / injury
and there is 4/5 pinch grip
and 1/2 flexion extension
both sides affected
grip strength ~ 35 lbs (2) & 40 lbs (1)
Abduction / Adduction - 4/5 40 lbs (2)

- D. Does the individual have any additional factors of disability, for example, wrist instability, carpalgia, hypertrophic scarring?

NO

- E. What is the date of maximal improvement?

2/2005

IMPORTANT: PLEASE COMPLETE THIS DOCUMENT, ATTACH IT TO YOUR NARRATIVE REPORT, AND ON YOUR NARRATIVE REPORT ESTIMATE THE PERCENTAGE LOSS OF STRENGTH, CITE MUSCLE GROUPS INVOLVED, AND CITE ATROPHY AND BEHAVIORAL OBSERVATIONS TO SUPPORT THE FINDINGS WHEN APPROPRIATE.

Signature: [Signature]

File Number: 10 07312

Date:

6/28/07

JUN-02-2005 14157

MIDLAND ORTHOPEDICS

P.01/01

Michael G. Macky, MD
 William A. Haller, MD
 Stephen V. Perna, DPM
 Michael C. Moran, MD
 Jay M. Breaker, MD
 Robert J. Stupelis, MD
 Gerald R. Loftis, MD
 (overseas)

ORTHOPEDICS
 ASSOCIATES

Internal Medicine
 Rheumatology
 Hand Surgery
 Foot/Ankle Disorders

Fax Transmittal Form

To: Cynthia Benson

From: ADDENDUM

Fax:

Phone:

Phone: 773-239-5495

Fax: 773-239-1542

Urgent

For Review

Please Comment

Please Reply

Date sent:

Time sent:

Number of pages including cover page:

Message:

2850 S. WILSON
 SUITE 100
 CHICAGO, ILLINOIS 60643
 (773) 239-5495



John D. Brownstein, MD
 Dr. Gary Nelson, MD
 Michael G. Macky, MD
 Stephen V. Perna, DPM
 Michael C. Moran, MD
 William A. Haller, MD
 Jay M. Breaker, MD
 Robert J. Stupelis, MD

Rx FOR Cynthia Benson DATE 6-2-05

ADDRESS

SAME RESTRICTIONS (two consecutive days off)
 until next appt. 6-27-05

NOTION CONTAINED IN
 THE PRIVACY ACT
 APPROPRIATELY
 REMOVED FROM ALL
 INFORMATION
 ILD NOTIFY MIDLAND

US POSTAGE
 PERMIT NO. 100
 CHICAGO, IL 60643
 POST OFFICE BOX 100
 CHICAGO, IL 60643
 (773) 239-5495

2850 S. WILSON
 SUITE 100
 CHICAGO, ILLINOIS
 (773) 239-5495
 FAX (773) 239-1542

RECALL _____ TIMES

NON REC _____

☐ MAY SUBSTITUTE☐ MAY NOT SUBSTITUTE

2717 S. WILSON AVE.
 CHICAGO, ILLINOIS 60643
 (773) 239-5495
 FAX (773) 239-1542

GERALD E. LOFTUS, M.D.
JOHN D. SONNENBERG, M.D.
D. DIRK NELSON, M.D.
MICHAEL G. MADAY, M.D.
STEPHEN V. PERNS, D.P.M.
MICHAEL C. MORAN, M.D.
WILLIAM A. HELLER, M.D.
JAY M. BROOKER, M.D.
ROBERT J. STRUGALA, M.D.

MIDLAND

A Member of Combined
Orthopaedic
SPECIALISTS

ORTHOPAEDIC
SPECIALISTS

☐ 8802 S. WABASH SUITE 100
CHICAGO, IL 60618
312/842-4800

☐ 5735 S. MERRION LANE
NORMETOWN, IL 60466
708/426-1160

☐ 5201 S. WILLOW SPRINGS RD., #240
LA GRANGE, IL 60525
708/426-7787

☐ 8717 S. WESTERN AV
CHICAGO, IL 60646
773/233-8486

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	8000		LONG ARM	80025		ASPIRATION SMALL-RL	20800	
EMERGENCY	80048		SHORT ARM	80078		ASPIRATION MEDIUM-RL	20806	
OFFICE VISIT (Established)			LONG LEG	80358		ASPIRATION LARGE-RL	20810	
LEVEL	8031		SHORT LEG	28425		TRIGGER POINT-RL	20850	
COMPLICATIONS	(8031) 34		PLASTER(WOLLS)	A4580		CELESTONE CC	J0704	
SURGICAL FOLLOW-UP	80324		FIBERGLASS(WOLLS)	A4591		KENELCO CC	J3901	
CONSULTATIONS DR.			UNNA BOOT	28520		DEBRIDEMENT	11040	
LEVEL	8054		FINGER SPLINT	28180		PIN REMOVAL	20870	
SECOND OPINION (JMS)			ELASTICS	80280		EX PIN REMOVAL	20880	
LEVEL	8057		REMOVAL CAST	28705		X-RAY CONSULTATION	78140	
IME	88466		WINDOW CAST	28730		SPECIAL REPORTS	90080	
CASE MANAGEMENT			WEDGE CAST	28770		EDUCATIONAL	90071	
WITH PATIENT	88354		MINOR SURGERY			MEDICAL TESTIMONY	90075	
W/O PATIENT	88358					FRACTURE CARE	()	
PHONE	8837					OTHER	()	
						SUPPLIES	()	

3540 CARPAL TUNNEL SYNDROME

DIAGNOSIS: ()

DATE OF INJURY FIRST CONSULT

RETURN TO WORK:

() NOT YET; ESTIMATED RETURN

() LIGHT DUTY ONLY AS OF

RESTRICTIONS:

SURGERY: () SO () SS () AM DATE

OPERATION:

PROLEVEL: () MM AS OF

() REGULAR DUTY; NO RESTRICTIONS AS OF

ANESTHESIA: TESTING:

NEXT APPOINTMENT: D W M AS

DATE: DAY: TIME:

DOCTOR'S SIGNATURE

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

DATE 6/28/05

PATIENT INFORMATION

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX: M F	PRIOR BALANCE
06/28/05	7:45P	CYNTHIA BENSON	F	252.00
CHRG. SLIP NO.	DOCTOR	LOCATION		TODAY'S CHG
557732	JMS	BEVERLY OFFICE		TODAY'S P
ACCT. NO.	RESPONSIBLE PARTY	PHONE NO.		
55631	CYNTHIA	773 / 375-1933		
RECAP:	OVER 50	OVER 50	OVER 50	CURRENT BALANCE
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
DOL	318545758			

MIDLAND ORTHOPEDIC ASSOCIATES
2880 S. WABASH AVE.
SUITE 100
CHICAGO IL 60616

CYNTHIA BENSON

Date of note: 10/17/2008

October 17, 2008

Elaine Ferguson, MD
US Postal Service Central Illinois
Performance Cluster

RE: Cynthia Benson
Account: 56631 Birthday: 9/30/64
SS#: 318-84-5788

Ms. Benson has been a patient in our office since 6/2/02. She initially saw my partner, Dr. John Sonnenberg a hand surgeon. Essentially, she was diagnosed with carpal tunnel syndrome and developed medial and lateral epicondylitis over time as a result of repetitive over use of both hands. Conservative treatment and activity modification have allowed her symptoms to settle down effectively. She was placed on permanent restrictions as a result of the fact that her condition only worsens in any attempt at further repetitive use of her hands. You may want to refer to a narrative report from 9/20/04 that essentially summarizes all of these issues. She had some episode of recurrence that was related to use of a new machine that was probably involving more lifting than was initially required or recommended. After some therapy and injection, she improved by 2/05. Patient is aware of the fact that surgical treatment may allow her to get stronger than she is, however she is not interested in surgical treatment or this problem. She has improved to maximum level and has been so for quite some time at least since 1/05 from the recent recurrence. She is restricted to lifting anything 8 pounds or less and repetitive lifting should involve 4 items or less and then she must rest for 15 minutes if she is doing repetitions. If she is doing low amounts of repetitions over a period of 15 minutes to a half hour, she can continue to do her work. These restrictions are more clearly outline in the 2/2/05 narrative report and all of these have been forwarded in the past to the Dept of Labor, however we will forward them again to you as well.

Sincerely yours,

By M. Brooker, M.D.

MB/lm

(Typed prior to getting Dr. Brooker's signature)

Patient Name: CYNTHIA BENSON

Account Number: 156631

Page 1

Patient Birthdate: 09/30/1964

Signature mechanically affixed

JMB/w

10/17/2005

See report to Dr. Elaine Ferguson.

JMB/la

12/07/2005

Cynthia Benson is here in follow up for her medial epicondylitis. They have given her some new duties at work and I reviewed them with her and explained how she can do them without causing a flare-up. She really has to put her arm in a more mechanically advantageous position with her arm more neutral so that she is not repetitively flexing the wrist. That would involve her getting a little bit lower to the ground and it would also probably help her back as well in case she starts to feel soreness in that region from lifting in that position. Looking downward repetitively can also strain the neck, and again putting her at a more level position would help that as well.

JAY M. BROOKER, M.D.

Signature mechanically affixed

JMB/r

GERALD R. LOFTUS, M.D.
 JOHN D. SONNENBERG, M.D.
 D. PINK NELSON, M.D.
 MICHAEL G. MADAY, M.D.
 STEPHEN V. PERNA, D.R.M.
 MICHAEL G. MORAN, M.D.
 WILLIAM A. HELLER, M.D.
 JAY M. BROOKER, M.D.
 ROBERT J. STRUGALA, M.D.

MIDLAND

CORPORATE

☐ 2880 S. WABASH SUITE 100
 CHICAGO, IL 60619
 312/442-4800

☐ 8735 S. MERRION LANE
 HOMETOWN, IL 60438
 708/422-1180

☐ 8801 S. WILLOW SPRINGS RD., 8840
 LA GRANGE, IL 60526
 708/422-7787

Combined
 Orthopaedic

☐ 9717 S. WESTERN AVE
 CHICAGO, IL 60642
 773/282-8200

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	9800		LONG ARM	29006		ASPIRATION SMALL-RL	20800	
EMERGENCY	98008		SHORT ARM	29075		ASPIRATION MEDIUM-RL	20805	
OFFICE VISIT (returning)			LONG LEG	29085		ASPIRATION LARGE-RL	20810	
LEVEL	9821		SHORT LEG	29425		TRIGGER POINT-RL	20820	
COMPLICATING (9821)-34			PLASTER (ROLL)	A4880		CELESTONE CC	J0704	
SURGICAL FOLLOW-UP	98284		FRAGGLASS BULBS	A4880		KENLOG CC	J8801	
CONSULTATIONS: DR.			UNNA BOOT	29580		DEBRIDEMENT	11040	
LEVEL	9824		FINGER SPLINT	29190		PIN REMOVAL	20870	
SECOND OPINION (M.D.)			ELASTICS	20280		EX FX REMOVAL	20880	
LEVEL	9827		REMOVAL CAST	29705		X-RAY CONSULTATION	78140	
RAE	98458		WINDOW CAST	29780		SPECIAL REPORTS	98080	
BASE MANAGEMENT			WEDGE CAST	29770		EDUCATIONAL	98071	
WITH PATIENT	98354		MINOR SURGERY			MEDICAL TESTIMONY	98073	
W/O PATIENT	98358					FRACTURE CARE		
PHONE	9837					OTHER		
						SUPPLIES		

2540 CARPAL TUNNEL SYNDROME

DIAGNOSIS: ()

DATE OF INJURY: FIRST CONSULT

RETURN TO WORK:

() NOT YET; ESTIMATED RETURN

() LIGHT DUTY ONLY AS OF

RESTRICTIONS:

SURGERY: () MD () JMD () JAM DATE:

OPERATION: ()

POC-LEVEL: ()

() REGULAR DUTY; NO RESTRICTIONS AS OF

ANESTHESIA: () TESTING: ()

X

DOCTOR'S SIGNATURE

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND
 I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

DATE: 12/7/05

PATIENT INFORMATION

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX: M F	PRIOR BALANCE
12/07/05	2:00P	CYNTHIA BENSON	F	.00
CHRG. SLIP NO.	DOCTOR	LOCATION	TODAY'S CHARGE	
398859 JMB		BEVERLY OFFICE		
ACCT. NO.	RESPONSIBLE PARTY	PHONE NO.	TODAY'S PAYMENT	
56631	CYNTHIA	773 / 375-1933		
RECAP:	OVER 60	OVER 60	OVER 60	CURRENT
.00	.00	.00	.00	.00
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
LCL	318545752/			
FROM DATE:	THRU DATE:	DIAGNOSIS:		

64101
29167

GERALD F. LOFTUS, M.D.
JOHN D. SONNENBERG, M.D.
D. DIRK NELSON, M.D.
MICHAEL G. MADAY, M.D.
STEPHEN V. FERNS, D.R.M.
MICHAEL G. MORAN, M.D.
WILLIAM A. HELLER, M.D.
JAY M. BROOKER, M.D.
ROBERT J. STRUGALA, M.D.

MIDLAND

A Member of Combined
Orthopaedic
SPECIALISTS

☐ 2820 S. WABASH BLVD 100
CHICAGO, IL 60616
312/545-4500

☐ 5735 S. MERRION LANE
HOMETOWN, IL 60459
708/425-1150

☐ 5301 S. WILLOW SPRINGS RD., 2840
LA GRANGE, IL 60525
708/482-7757

☐ 6717 S. WESTERN AVE
CHICAGO, IL 60648
773/220-6406

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	9920		LONG ARM	29085		ASPIRATION SMALL-FL	20800	
EMERGENCY	99208		SHORT ARM	29075		ASPIRATION MEDIUM-FL	20805	
OFFICE VISIT (RENEWING)			LONG LEG	29086		ASPIRATION LARGE-FL	20810	
LEVEL	9921		SHORT LEG	29435		TRIGGER POINT-FL	20850	
COMPLICATING	(9921)-24		PLASTER/ROLLS	A4880		CELESTONE	OC	30704
SURGICAL FOLLOW-UP	99024		FIBERGLASS/ROLLS	A4890		KENLOG	CO	30801
CONSULTATIONS DR.			UNNA BOOT	20680		DEBRIDEMENT		11040
LEVEL	9924		FINGER SPLINT	20130		PIN REMOVAL		20870
SECOND OPINION (IME)			ELASTICS	90880		EX PIX REMOVAL		90880
LEVEL	9927		REMOVAL CAST	28705		X-RAY CONSULTATION		70140
IME	99456		WINDOW CAST	28750		SPECIAL REPORTS		90080
CASE MANAGEMENT			WEDGE CAST	28770		EDUCATIONAL		90071
WITH PATIENT	99364		MINOR SURGERY			MEDICAL TESTIMONY		90075
W/O PATIENT	99365					FRACTURE CARE		
PHONE	9937					OTHER		
						SUPPLIES		

6510 CARPAL TUNNEL SYNDROME

DIAGNOSIS: ()

DATE OF INJURY FIRST CONSULT

RETURN TO WORK:

() NOT YET ESTIMATED RETURN

() LIGHT DUTY ONLY AS OF

RESTRICTIONS:

When I started work 8 hrs

I meant 8 hours 24 hours

total 1st 8 hours of actual

work I allowed breaks were included

POC-LEVEL MMI AS OF in the emergency

() REGULAR DUTY NO RESTRICTIONS AS OF

URGENT: () JO () SS () AM DATE:

OPERATION:

() XRD () OLR () SPT

NESTHESIA: TESTING:

DOCTOR'S SIGNATURE

HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND
HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

X *[Signature]* DATE

ACCOUNT INFORMATION

PATIENT INFORMATION

F/U

DATE	TIME	PATIENT	SEX	AGE	PRIOR BALANCE
08/21/06	10:45A	CYNTHIA BENSON	F		.00
CHRG SLIP NO.	DOCTOR	LOCATION	TODAY'S CHARGES		
648401 JMB		BEVERLY OFFICE			
ACCT NO.	RESPONSIBLE PARTY	PHONE NO.	TODAY'S PAYMENT		
36631 CYNTHIA		773 / 375-1933			
RECAP:	OVER 90	OVER 90	OVER 90	CURRENT	BALANCE DUE
.00	.00	.00	.00		
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE			
DOL	100489215/				
FROM DATE:	THRU DATE:	DIAGNOSIS:			
11					

GERALD F. LOFTUS, M.D.
JOHN D. SONNENBERG, M.D.
D. DIRK NELSON, M.D.
MICHAEL G. MADAY, M.D.
STEPHEN V. PERNS, D.P.M.
MICHAEL C. MORAN, M.D.
WILLIAM A. HELLER, M.D.
JAY M. BROOKER, M.D.
ROBERT J. STRUGALA, M.D.

MIDLAND

ORTHOPEDIC
SPECIALISTSA Midland Combined
Orthopaedic
SPECIALISTS

☐ 2865 S. WABASH SUITE 100
CHICAGO, IL 60616
312/542-4800

☐ 8735 S. MERRION LANE
HOMETOWN, IL 60436
708/436-1160

☐ 8201 S. WILLOW SPRINGS RD., #240
LA GRANGE, IL 60525
708/448-7787

☐ 9717 S. WESTERN AVE
CHICAGO, IL 60643
773/233-5400

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	9920		LONG ARM	26085		ASPIRATION SMALL-RL	20800	
EMERGENCY	99058		SHORT ARM	30075		ASPIRATION MEDIUM-RL	20805	
OFFICE VISIT (RE-EVALUATED)			LONG LEG	20355		ASPIRATION LARGE-RL	20810	
LEVEL	9921		SHORT LEG	20455		TRIGGER POINT-RL	30550	
COMPLICATING	(9921) .34		PLASTER (ROLLS)	A4480		CELESTONE CC	J0704	
SURGICAL FOLLOW-UP	99024		FIBERGLASS (ROLLS)	A4890		KNEELOG CC	J0901	
CONSULTATION - DR.			UNNA BOOT	29880		DEBRIDEMENT	11040	
LEVEL	9904		FINGER SPLINT	29130		PIN REMOVAL	20870	
SECOND OPINION (IMK)			ELASTICS	30280		EX FIX REMOVAL	20880	
LEVEL	9927		REMOVAL CAST	29705		X-RAY CONSULTATION	78140	
IME	99485		WINDOW CAST	29730		SPECIAL REPORTS	99080	
CASE MANAGEMENT			WEDGE CAST	29770		EDUCATIONAL	99071	
WITH PATIENT	99064		MINOR SURGERY			MEDICAL TESTIMONY	99075	
W/O PATIENT	99069					FRACTURE CARE		
PHONE	9907					OTHER		
						SUPPLIES		

35410 CARPAL TUNNEL SYNDROME

DIAGNOSIS: ()

DATE OF INJURY FIRST CONSULT

RETURN TO WORK:

() NOT YET ESTIMATED RETURN

() LIGHT DUTY ONLY AS OF

RESTRICTIONS:

SURGERY: () SD () SS () AM DATE:

OPERATION:

ANESTHESIA: TESTING:

X DOCTOR'S SIGNATURE

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES. I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

DATE 11-20-04

PATIENT INFORMATION

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX	AGE
11/20/05	2:30P	CYNTHIA BENSON	F	68
CHRG. SLIP NO.	DOCTOR	LOCATION	TODAY'S CHARGE	
565233 INS		BEVERLY DEECE		
ACCT. NO.	RESPONSIBLE PARTY	PHONE NO.	TODAY'S PAYMENT	
56631	CYNTHIA	772 / 375-1933		
RECAP:	OVER 80	OVER 80	CURRENT	BALANCE DUE
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
DOL	100488215/			

PT did not do
for final
results

GERALD F. LOFTUS, M.D.
JOHN D. SONNENBERG, M.D.
D. DINK NELSON, M.D.
MICHAEL G. MADAY, M.D.
STEPHEN V. PERNS, D.P.M.
MICHAEL C. MORAN, M.D.
WILLIAM A. HELLER, M.D.
JAY M. BROCKER, M.D.
ROBERT J. STRUGALA, M.D.

MIDLAND

CHICAGO
111-811-7777

A Division of Combined
Orthopaedic
SPECIALISTS

☐ 2880 S. WABASH SUITE 100
CHICAGO, IL 60618
812/842-4800

☐ 8735 S. MERRION LANE
HOMETOWN, IL 60438
708/486-1150

☐ 5801 S. WILLOW SPRINGS RD., #240
LA GRANGE, IL 60526
708/482-7767

☐ 8717 S. WESTERN AVE.
CHICAGO, IL 60642
773/268-8485

OFFICE VISIT (NEW)	CODE	FEE	CASTING	CODE	FEE	OTHER SERVICES	CODE	FEE
LEVEL	9920		LONG ARM	28055		ASPIRATION SMALL-RL	20800	
EMERGENCY	99058		SHORT ARM	28075		ASPIRATION MEDIUM-RL	20805	
OFFICE VISIT (COMPLICATION)			LONG LEG	28085		ASPIRATION LARGE-RL	20810	
LEVEL 3	9921		SHORT LEG	28425		TRIGGER POINT-RL	20550	
COMPLICATING (9921)-34			PLASTER/ROLLS	A4880		CELESTONE	00	J0704
SURGICAL FOLLOW-UP	99064		FIBERGLASS/ROLLS	A4890		KENLOG	00	J8301
COMPLICATIONS DR.			UNNA BOOT	28580		DEBRIDEMENT	11040	
LEVEL	9924		FINGER SPLINT	29130		PIN REMOVAL	20870	
RECORDS OPINION (SHE)			ELASTIC	90280		EX FIX REMOVAL	80880	
LEVEL	9927		REMOVAL CAST	28708		X-RAY CONSULTATION	78140	
IME	88488		WINDOW CAST	28730		SPECIAL REPORTS	99090	
CASE MANAGEMENT			WEDGE CAST	28770		EDUCATIONAL	99071	
WITH PATIENT	99384		MAJOR SURGERY			MEDICAL TESTIMONY	99076	
W/O PATIENT	99488					FRACTURE CARE		
PHONE	9957					OTHER		
						SUPPLIES		

DIAGNOSIS: ()

DATE OF INJURY: FIRST CONSULT: RETURN TO WORK: () NOT YET; ESTIMATED RETURN: () LIGHT DUTY ONLY AS OF: RESTRICTIONS: No restriction except if hand is twisted limited 1 lb over 2 lbs limited long distances

FROM: () TO: () AM DATE: REASON: () REG () JOLE () REPT

ETHESIA: TESTING: DOCTOR'S SIGNATURE: NEXT APPOINTMENT: D W M X AS NEEDED DATE: DAY: TIME:

FREEBY AUTHORIZES MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

DATE 1-24-07

PATIENT INFORMATION

mg Results

ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX: M F	PRIOR BALANCE
01/24/07	3:15P	CYNTHIA	F	05.11
CHRG. SLIP NO.	DOCTOR	LOCATION		TODAY'S CHARGES
681815 JMB		BEVERLY OFFICE		TODAY'S PAYMENT
ACCT. NO.	RESPONSIBLE PARTY	PHONE NO.		BALANCE DUE
56631	CYNTHIA	773 / 375-1933		
RECAP: OVER 90	OVER 90	OVER 90	CURRENT	
00	00	00		
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE		
DCL	100489215/			
FROM DATE:	THRU DATE:	DIAGNOSIS:		
COPY: B				